

Redbridge Reimagined



A voluntary,
community and
social enterprise
(VCSE) sector
partnership strategy
to improve health and
wellbeing and address
inequity in health.



Community
Action
Redbridge

Overview

In 2022, landmark legislation in England established 42 integrated care systems (ICS), ushering in a transformative era for health and care. The voluntary, community, and social enterprise (VCSE) sector is recognised explicitly as key partners in this transformation. Here in Redbridge, we're part of the North East London (NEL) ICS, and this change represents a once-in-a-generation opportunity to reshape how we approach health and wellbeing.

The creation of integrated care systems gives us the chance to dig deep and truly understand the barriers to health, the disparities that our diverse communities face, and—crucially—how to overcome them. With the right tools, we can begin to break down these barriers and find lasting, sustainable solutions. This won't be done in isolation; it requires the involvement of everyone—local people, the VCSE sector, and public bodies.

Our strategy provides a framework for Redbridge that turns this potential into a living, breathing reality. It is about harnessing our collective strengths across sectors to work together and build a truly transformed system.

In Redbridge, our local system is committed to tackling health inequalities, and through collaboration with the VCSE sector, we've developed a set of core principles that guide us:

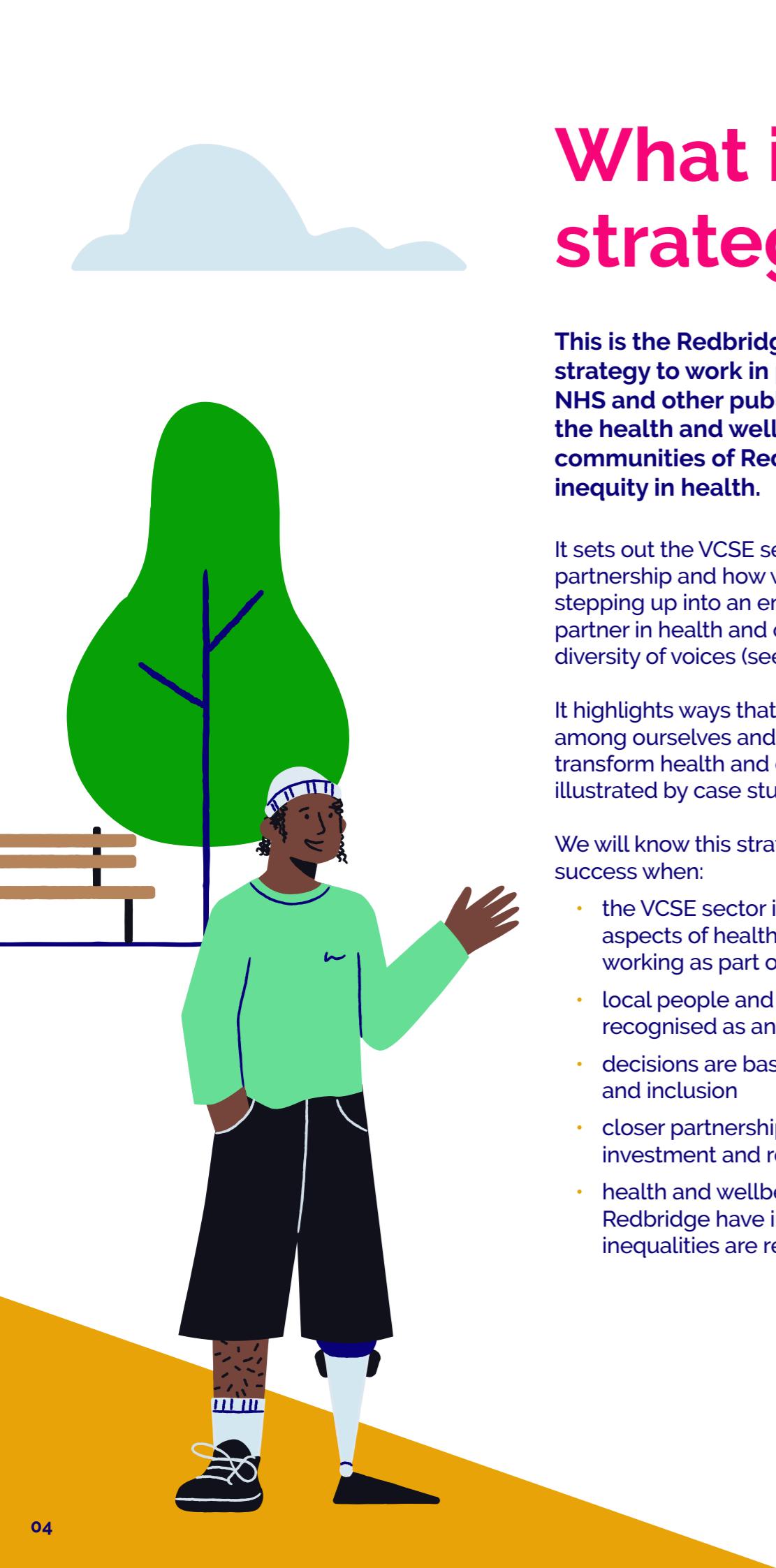
- Focusing on outcomes that matter to local people
- Holding each other accountable
- Partnering with communities to deliver change “with”, not “for” or “to”
- Fostering commitment, not just compliance
- Thinking system-wide, breaking free of silo mentalities
- Moving beyond the conventional medical approach
- Inspiring excitement and enthusiasm.

The VCSE sector must now take on an even bigger role in this effort. We bring invaluable perspectives and expertise and are an essential part of Redbridge's fabric. By co-creating this strategy with locally based VCSE leaders, we've ensured that a diversity of viewpoints, along with those of local communities, are woven into the strategic direction we take together.

Our strategy offers a framework for structuring short, mid, and long-term plans, helping us build concrete actions that challenge inequity. This isn't just a document; it's a tool to drive real, transformative change for the people of Redbridge and the systems that serve them.

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What is this strategy?

This is the Redbridge VCSE sector's strategy to work in partnership with the NHS and other public bodies to improve the health and wellbeing of the diverse communities of Redbridge and address inequity in health.

It sets out the VCSE sector's vision for partnership and how we see the sector stepping up into an enhanced role as an equal partner in health and care. It is drawn from a diversity of voices (see 'Who took part', p19).

It highlights ways that we can work differently among ourselves and with our partners to transform health and care for local people, illustrated by case studies.

We will know this strategy has been a success when:

- the VCSE sector is embedded in all aspects of health and care in Redbridge, working as part of a 'whole system'
- local people and communities are recognised as an equal part of this system
- decisions are based on equity, fairness and inclusion
- closer partnership working brings more investment and resources into Redbridge
- health and wellbeing outcomes in Redbridge have improved and health inequalities are reduced.

Why we need this strategy

Our communities are facing unprecedented pressures:

- Structural disadvantage and inequity, the 'causes of the causes', impact directly on people's health and wellbeing, and their life chances.
- The cost-of-living crisis continues to increase the vulnerability of people to poorer health and wellbeing.
- Continued inflation and reductions in public sector spending, at a time when needs are increasing, are putting great pressure on public money.

But the problem is not just funds. Better partnership, coordination and collaboration between the organisations that collectively serve the public in Redbridge will make better use of our resources. To meet the big challenges we face, we need to be ambitious and do things differently. 'Business as usual' is not an option.

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'Business as usual' is not an option.

How this strategy will be used

This strategy will be a springboard for developing joint action plans with our public sector partners that will contain realistic and measurable objectives for us all.

We will seek financial investment into the infrastructure that will be required to deliver our ambitions. This will enable us to fully realise the sector's role as a system partner in health and care.

Most importantly, we will see this as a framework for bringing people together – public sector agencies, VCSE organisations and local people – to find ways in which we can create change together, take risks, learn when things do not work out and hold each other to account in a spirit of mutual understanding and continuous learning.



Our vision

In Redbridge, we want to see:

1 ... different relationships

We believe that the only way health and care can be sustainable into the future is by building stronger and more equitable relationships between the public sector, VCSE and local people. A culture of trust, understanding and mutual respect is needed to create the foundations for transformational change.

2 ... in a joined-up system

Organisations across sectors will each bring their unique assets to the table in a coordinated way, with resources shifted to health creation, prevention and effective early support.

4 ... devolving power and resources

We believe that decisions should be made closest to the people and communities they affect. This is known as the 'principle of subsidiarity' and involves shifts in power and resources.

3 ... based on equal partnership

All partners within the system are recognised, understood and respected for the value they bring.

VCSE organisations and local people are involved at the earliest stage of system planning and decision making, with a focus on finding long-term solutions that address health inequity.

There is an investment of time and resources in building relationships and trust, and developing partnerships that are equitable, inclusive, progressive, powerful, worthwhile and sustainable.

5 ... co-produced with local people

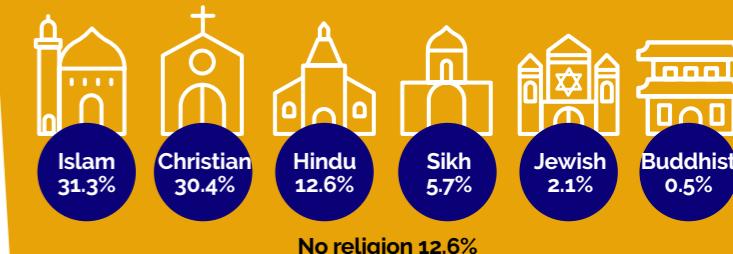
Local people are supported and resourced to identify the priorities that matter most to them, lead change in their own communities, and influence system priorities and service design. This will lead to more resilient communities, as well as better solutions that are centred around the lived experiences of local people.

Redbridge facts and figures

Diversity

Redbridge is the third most ethnically diverse borough in London, and the fourth most ethnically diverse local authority area in England. Over 60% of the population identifies as non-white, with people identifying as Asian making up 47.3% of residents. This is followed by White (34.8%), Black (8.4%), Mixed (4.1%) and Other (5.4%). Almost half of Redbridge residents were born abroad.

People of many different religions live in Redbridge. There are over a hundred places of worship in the borough, including over 80 churches, 10 synagogues, 22 mosques, and six temples. Islam is the most common religion. At the 2021 census, people who described themselves as Muslim represented 31.3% of the population, followed by Christian (30.4%), no religion (12.6%), Hindu (11.1%) Sikh (5.7%), Jewish (2.1%) and Buddhist (0.5%).



The most spoken languages in Redbridge are English, followed by Romanian, Bengali, Panjabi, Urdu, Tamil, Gujarati, Lithuanian, Bulgarian and Polish.

The 2021 Census data shows that in Redbridge, approximately 2.5% of residents ages 16 and over identify as part of the LGBTQ+ community.

Population

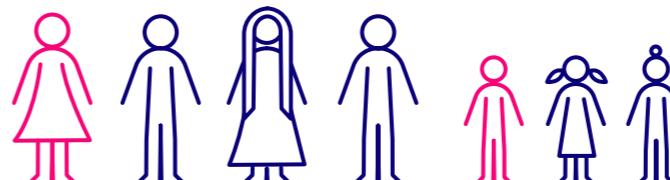
Redbridge is home to approximately **310,000** people, **up 11%** since the 2011 census. It is the eleventh most populated borough in London with the eighth largest population increase between the 2011 and 2021 censuses. The biggest population growth, by number or percent, was seen in the already most populated wards.

The borough is among the top ten per cent most densely populated local authority areas in England. In 2021, Redbridge was home to around 39.3 people per football pitch sized piece of land, compared with 35.3 in 2011.



Inequality

Redbridge is a borough of contrasts - 11 of 161 neighbourhoods in the borough are among the 20% most income-deprived in England. Yet 15 neighbourhoods are in the 20% least economically-deprived. More affluent areas are centred in the west of Redbridge, with pockets of significant deprivation and disadvantage in the south. Overall, one in four adults and one in three children in Redbridge live in poverty.



Redbridge has the lowest number of recognised advice agencies in London. Prior to the cost-of-living crisis, local advice services were already struggling to meet demand, and only able to meet an estimated 25% of residents' advice needs.

Community Priorities

Between April 23 and March 24, the Community Action Redbridge Healthy Communities Team engaged with **5,464** local people to understand their **needs, experiences, and aspirations**. This engagement highlighted these 5 key priorities that mattered most to local people and communities across the year.²



¹<https://www.ons.gov.uk/visualisations/censusareachanges/E09000026/>

²<https://www.communityactionredbridge.org.uk/publications>

The Redbridge VCSE sector

The VCSE sector in Redbridge is dynamic and diverse. It includes large national charities as well as grassroots community groups and everything in between. The very nature of VCSE organisations, often born out of social action, means that we are rooted in communities. We have trusting relationships with the people and communities we serve, and reach and support some of the most marginalised communities facing the greatest inequities.

Our strengths and opportunities

The sector has:

- agility, creativity, and the ability to innovate and adapt quickly to changing needs and circumstances
- expertise and experience of addressing social issues and the wider determinants of health
- local insight and a deep understanding of the root causes of health inequity
- the ability to contribute strategically to our health and care system, and the willingness and potential to play a greater leadership role
- established relationships of mutuality and trust with local communities, particularly marginalised groups
- the ability to advocate for and amplify the voices of underrepresented communities
- economic contribution to Redbridge, e.g. through fundraising, jobs, apprenticeships and volunteering.



Our challenges

Potential not fully explored

The unique and complementary role of the VCSE sector in Redbridge has not yet been fully explored or realised. We have the potential to work as an equal and strategic partner to the public sector. By building awareness and understanding of the breadth and diversity of the sector and its insight and expertise, we will be able to contribute significantly to improving health and wellbeing and addressing inequity in health.

Pressures on capacity

Like other parts of the system, the VCSE sector in Redbridge is stretched and under-resourced. The current operating environment, including funding and workforce shortages, rising costs and increased need, is putting significant pressure on our capacity.

Limited sustainability

Whilst local VCSE organisations benefit from a range of funding sources, including from Redbridge Council and the NHS, the flow of resources could be better coordinated, creating greater sustainability. Short-term grants and contracts are highly resource intensive for both the giver and receiver, and this approach inhibits the kind of long-term planning that addressing inequity in health requires.

In addition, historical funding distribution in the capital has been concentrated on inner London, leading to funding 'cold spots' in outer London boroughs like Redbridge.

Lack of investment in infrastructure

Redbridge benefits from a recognised local infrastructure organisation in Community Action Redbridge (formerly Redbridge Council for Voluntary Service). However, there has been a lack of investment in the necessary infrastructure that would support VCSE partnerships. As a result, the sector has not been able to create the networks and forums needed to give local organisations and

community groups a platform to discuss and solve local issues. Also, individuals from these groups have not had the chance to develop as influential local leaders. A more robust and comprehensive system of representation would bring a wider diversity of voices into decision making processes, and this in turn will build the resilience, knowledge and skills that are needed for attracting regional and national investment and bringing about transformational change.

Unequal relationships

There is an inherent power imbalance between public sector bodies and VCSE organisations. This manifests in various ways:

- The funder-receiver relationship can create a power imbalance. For example, an organisation that is in receipt of grant funding might feel less able to challenge public sector priorities or advocate for change in fear that it will affect their funding.
- Public sector bodies are struggling with workforce issues including cuts in staff. This leads to a lack of staff in key roles and high levels of staff turnover, which makes building and maintaining relationships difficult
- The hierarchical and risk-averse nature of public procurement can exclude sections of the VCSE sector
- A perception among some parts of the public sector that the VCSE sector is "amateur" or exclusively run by volunteers can lead to missed opportunities.

Case study: Community Action Redbridge - Healthy Communities

[Visit Website](#)

This 'community development' style programme reaches out into the community to find out what matters to people and uses insight gathered as a starting point for their holistic approach to health and wellbeing improvement.

What were you trying to fix?

After several years delivering traditional health promotion in partnership with Redbridge Council public health, we reflected on what was working well and how we could improve. We had noticed that the priorities of the system were not always the priorities of local people, and this made it hard to reach certain parts of the community. So, we wanted to try a new approach.

How it works

We go to where people are, like shopping centres, parks and faith institutions, and we start conversations. We ask open questions. We try and link the conversations into health, but we also pick up on the wider needs of the person, and talk to them about places they can go for help with these. Often people are not aware of the places where they can receive support.

What is different about this approach?

This is a 'community development' based approach. Rather than starting with questions like "How can we get more people to do health checks or take up vaccinations", we start with "What matters to you?", "What's bothering you?"

We work in partnership with lots of local organisations, for example services that we can refer people to, organisations that we work with to deliver "one-stop-shop" events, and local GP practices and public health professionals.

University of East London provides a 'learning and evaluation' function, and, using a 'reflective learning approach', they help us to ensure that we capture

both qualitative and quantitative data that can be fed into local data gathering and planning.

What has been achieved?

In our first year, we:

- spoke to more than 5,000 local residents
- signposted 2,000 people to voluntary, health and social care services
- built solid and rich understanding of what matters to local people and how social issues impact people and their health.

What are the things that make it work?

The main factors that led to this project's success were:

- a willingness to do things differently, not just on our part, but also on the part of our partners in the council and NHS, who invest public money in the work
- a willingness to test and learn, be prepared for things not to work, and an understanding that deep change takes a long time
- a focus on quality of interaction (building relationships and making a difference to people's lives)
- the leadership of a well-known and respected local voluntary organisation, which has long standing relationships with community groups as well as the ability to be flexible and agile.

What is the learning?

- Understanding local communities is essential to ensuring that attempts to tackle health inequalities are relevant to local need and draw on community assets
- Engaging with communities on what matters most to them and taking action to address community priorities can help create trust and build more equal relationships
- Employing trusted community leaders to support those experiencing the greatest inequalities is an effective way to apply proportionate universalism
- Cross-sector partnership working is necessary to address the causes of health inequalities, e.g. social, economic, cultural, environmental and political factors.



Case study: Healthy Living Projects - Welcome Centre

[Visit Website](#)

This innovative service for a highly marginalised group in society shows the positive impact of bringing services to the people and taking a holistic approach to people's needs and challenges.

What were you trying to fix?

The original need for a centre arose in the late 1990s when there was an influx of refugees and asylum seekers that were settling locally, and at the same time, the Baptist Church was looking for a new use for a redundant building. Despite the building not being fully fit-for-purpose, the 'Welcome Centre' opened in 2000 to provide support for that group. Sometime later, the centre saw an increase in local rough sleeping, and extended their welcome to this group. In 2008, a successful bid to the 'Places of Change' programme enabled the complete rebuilding of the centre, which now offers a busy purpose-built day centre in Ilford Town Centre as well as 12 supported housing units and a community garden.

How it works

We aim to bring under one roof all the services someone needs to move on in their lives. Not just the basics – food and a hot shower – but medical check-ups by qualified nurse, GP registration, mental health assessment, drug and alcohol support, complementary health and chiropody, oral health, sexual health, housing advice, training and employment support, and much more. Most of these services are delivered by partner organisations, including local NHS service providers.

We evaluate progress using the recognised 'outcomes star'. This helps the client to appreciate that they have made progress and provides a basis for evaluating the effectiveness of the work, which we need for our funding.

What is different about this approach?

It is important that services come to our client group, because often it is hard for them to get to services due to their life challenges. By us arranging for service providers to come to the centre, we make it much easier for people to access those services and take steps to improve their situation. We understand that homelessness is one part of a person's challenges, and that their challenges are interconnected. You can't address someone's difficulty holding a tenancy in isolation to their mental health or addiction issues.

We understand that change can take time for this group, and that they will encounter setbacks, so we work at the client's pace. We show real genuine care for people, and we display trust in people, to foster their trust in us. We work 'with' them, not 'for' them.

What has been achieved?

In the 2022/23 financial year, we improved the lives of 583 people. We served over 5,500 meals from the day centre and provided 1,300 food parcels for those living in temporary accommodation.

What are the things that make it work?

Our approach builds trust between us and our client group, which enables us to help them access services that move them forward and address their multiple challenges.

We provide local service providers from both voluntary and public sector with a trusted intermediary that enables them to reach a marginalised group.

What is the learning?

There is no group in society that is 'hard to reach'; we need to work together to work out how to reach them and invest in holistic multi-disciplinary approaches.

Case study: Eastside Community Heritage – Wellbeing Walks

[Visit Website](#)

This case study shows how non-health-related activities can lead to a positive health and wellbeing outcome.

What were you trying to fix?

We were aware that, post-Covid, many people in the community had lost some social confidence, or were feeling lonely or isolated, and this had a negative impact on their health and wellbeing.

How it works

We secured funding to run 'Wellbeing Walks' in four Redbridge parks. Prior to the walk, participants gathered in the park café. We placed old photos of the local parks on the café tables, and this stimulated conversation and helped the participants to feel comfortable and included.

Then a facilitator led a guided walk and encouraged questions and discussion. Finally, back at the café there was opportunity for more discussion.

What is different about this approach?

This is not a 'health intervention'. It recognises that challenges like social isolation can have a



negative effect on health and wellbeing, and focuses on bringing people together, and creating a safe space, with no fixed idea of how it might benefit people. We presented non-threatening activities to 'break the ice'. For example, participants were not required to share anything personal, unless they wanted to.

What has been achieved?

Friendships have developed out of the sessions. One walk led to two women realising they had a common interest in a type of physical activity, and they made plans to meet up and do this activity together.

There was also an intention to access funding to be able to bring in a teacher.

What are the things that make it work?

A safe space was created by offering a non-threatening activity, where the focus was on a topic that people had in common, in this case, local history. This led to health and wellbeing outcomes without health being the focus.

The activity was structured in a way that allowed participants to engage as much or as little as they wanted, and to form their own friendships and networks as a result.

What is the learning?

A time-limited intervention such as this is worthwhile, but much more could be achieved with longer-term investment.

Case study: Black Women's Kindness Initiative – Wellbeing Hub

[Visit Website](#)

This case study shows how people whose needs are not being served can be empowered to drive change in their lives through a mutually supportive and caring environment.

What were you trying to fix?

Black and Asian women were experiencing poor treatment from health services. They were not getting the right support, advice and referrals, and there was a lack of sensitivity to their cultural needs, and their needs as women. This led us to the idea of a 'wellbeing hub' for women.

How it works

We initially attracted funding through an NHS 'health inequalities' programme. We started to build a community of women that support each other around health and wellbeing issues.

We run discussions and other activities that bring women together in a mutually respectful, non-hierarchical environment, to discuss the issues that matter to them.

We invite health professionals to provide advice and information that help to upskill participants to be more in control of their lives.

What is different about this approach?

Everything we do is led by the needs of the women. The 'safe space' that we create enables women to be more open, which makes them feel more empowered to take action, such as access a service, or feel more informed and prepared when talking to a doctor.

Our approach understands that there are many factors that impact on a women's wellbeing, so we encourage women to address any topic that affects them.

What has been achieved?

- **Successful health campaign "Better Me, Better Life"**
The Better Me, Better Life, campaign included a survey of responses from 30 women from African and Caribbean backgrounds living or working in Redbridge sharing how they felt about the lack of satisfactory or available services in Redbridge for their community. The outcome of the survey was included in Healthwatch annual report.
- The Wellbeing Hub has reached over 230 women with over 600 visits to Hub sessions (many women are regular attendees to the sessions).
- Renewed NHS funding, which put us on a more secure footing.
- The Hub was recognized in the Mayor's Awards, and our CEO received the 'Black Leadership Award'.

What are the things that make it work?

The provision of a safe space that is non-judgmental, non-hierarchical, and above all caring. The women-only aspect of the Hub creates a higher level of safety and confidence.

What is the learning?

By creating the right conditions, people can be supported and empowered to help themselves and each other. This makes more efficient use of public resources and leads to more sustainable change within communities.

Our definitions

Different terms are sometimes used in different ways.
Let's be clear about what we mean by these terms,
so we all have a shared understanding.

What do we mean by 'Health and Wellbeing'?

We think of health in a broad way, because we know that all sorts of things impact on people's health and wellbeing. These things are called the 'social determinants' of health. These are the diverse range of social, economic and environmental factors which impact on people's lives, such as low-quality housing or lack of access to employment and training opportunities. VCSE organisations are by their very nature addressing the social determinants of health.

What do we mean by 'Communities'?

When we talk about the communities of Redbridge, we mean people who are connected through where they live, such as a neighbourhood or estate; through shared identity, such as a religious community; or through shared interests.

What do we mean by 'Health Inequity'?

'Health inequity' refers to the unfair and avoidable differences in health outcomes that exist between different groups of people.

These differences are often shaped by factors such as income, education, location, ethnicity, and access to healthcare (the causes), and can be seen in things like how long people live, how many people get certain diseases, and how easily they can access good healthcare.

Whilst often used interchangeably, we use the term 'inequity' rather than 'inequalities' because whilst 'inequalities' recognises that differences exist, 'inequity' emphasises the unfairness of those differences.

The term 'inequity' reflects our collective commitment to social justice and addressing the systemic issues that perpetuate differences in health outcomes (the causes of the causes)



What we want to achieve: our impact

We want to make a lasting improvement to the **health and wellbeing of local people in Redbridge** and **increase health equity**.

We will achieve this by taking collective action under three broad goals:

1 Local people in the driving seat

2 Taking a 'health creation' approach

3 Adopting 'whole system' working

Our goals

Goal 1: Local people in the driving seat

Why?

Involving local people in decisions about their health and wellbeing, rather than just 'consulting' them, is key to understanding the complex causes of health inequity. When people feel listened to, and their lived experience is valued, this increases trust. When this translates into developing services and systems that are accessible and person-centred, this leads to increased confidence and a greater sense of control. For public sector partners, the benefit is a greater understanding of local need and more responsive, cost effective, preventative services. Developing the culture, space and skills for this approach benefits everyone.

“

Participation, engagement and co-production with local communities must be at the absolute heart of everything we do. To improve lives and reduce health inequalities we need to work with our local populations to really understand how they feel and what the barriers are to accessing health and care. Participation is not a nice to have, it is a right, and a must do.”³

- North East London Integrated Care System 2022

What this will look like

Lived experience is valued

Local people are recognised as being part of the solution, rather than seen as passive recipients of services. Lived experience and professional expertise are equally valued.

Power imbalances are acknowledged and addressed

Inherent power imbalances between local people and organisations are openly acknowledged and proactively addressed.

Co-production is resourced

Local people are recompensed for their time and expertise.

VCSE organisations are recognised and resourced for the important role they play in facilitating stronger connections between local people and statutory bodies.

We build confidence and skills

Professionals from across sectors are trained and supported to develop their skills in co-production and other asset-based approaches.

Local people are supported to build the confidence and skills to take the lead.

We share learning

Co-production is evaluated and learning is shared and understood by all partners.

'Working with' becomes the norm

All partners recognise the power of co-production and asset-based approaches. "Working with", rather than 'doing to' or 'for', becomes the default way of working.

As a result...

More relevant, effective solutions are developed by centring the lived experiences of local people and encouraging innovative ideas through diverse perspectives. Local people feel empowered and trust in local services is increased.

Examples of good practice

- **Redbridge Young Advisors:** A team of local young people who are employed by Community Action Redbridge and work to strengthen the voice of young

people in local decision-making through peer research and co-design.

- **One Place East Quality Checkers:** People with lived experience quality-check local services and make recommendations for improvements to better meet the needs of people with learning disabilities.
- **Age UK Voices of Experience:** A diverse group of older people act as an advisory group to local public services. They are supported with training, transport and reimbursement of expenses.

³North East London Integrated Care System Working with People and Communities Strategy

Goal 2: A 'health creation' approach

Why?

Traditionally, health and care systems have focused predominantly on treating ill-health, and most preventive action has focused on screening, immunisations and behaviour change campaigns. However, we know that access to health and care services, although important, has limited influence on health outcomes.

'Health creation' is a concept that shifts focus from treating ill-health to actively creating the conditions for good health by addressing the root causes of preventable illness and health inequity.



As a result...

Health and care is transformed from a reactive system to a proactive one, creating stronger, more resilient communities and leading to more effective and sustainable solutions.

Examples of good practice

- **Bromley by Bow Centre:** A holistic approach that works across the full breadth of social determinants by combining quality primary care with over fifty different non-clinical social projects delivered from one venue. Their approach to health creation is explained in their report [Unleashing Healthy Communities](#).
- **ABCD in Leeds:** Funded by Leeds City Council and delivered in partnership with the VCSE sector, ABCD in Leeds is a neighbourhood-based approach to community building that supports people and communities to consider what they can resolve themselves, what they need support with and what is best delivered by the local authority and other agencies. Key to the approach is the belief that given the tools and the opportunity, small groups of individuals can change the things that they believe need changing in their community better than anyone else.
- **North Camden Zone:** North Camden Zone is part of [The Winch](#), a community and children's charity that's been at the heart of the North Camden community since 1973. They believe in the power of community-led change. They support residents to take the lead in improving their local neighbourhoods. They amplify resident voices, support them to turn their ideas into reality, and champion them to change the wider systems they are a part of.

Goal 3: 'Whole system' working

Why?



A local whole systems approach responds to complexity through an ongoing, dynamic and flexible way of working. It enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is operating and where there are the greatest opportunities for change. Stakeholders agree actions and decide as a network how to work together in an integrated way to bring about sustainable, long-term systems change.⁴

The introduction of integrated care systems (ICS) demonstrates a recognition by government and national health leaders that partnership is the foundation for transforming the health and wellbeing of local communities. This thinking recognises that a wide range of perspectives and approaches need to come together in a systematic way.

This chimes with the approach of the VCSE sector, however, the challenge of bringing different sectors together should not be underestimated. Whether NHS, local authority or VCSE, each sector has its own culture, language and ways of working. These sectors have worked together for decades but not always in complementary ways, and have often been set against one another in competitive tendering environments, which can lead to unequal power dynamics.

It takes time for cross-sector relationships to be reimagined, for trust to be built and a new shared 'world view' to be developed. It is important that colleagues across sectors take the time to understand each other and appreciate the unique and shared challenges we all face. The culture of all organisations must evolve to recognise the value of partnership and give space for innovative approaches to be tested and reflective practice adopted. We all want the same outcomes for local people and communities, even if we approach the challenges in different ways.

What this will look like

All parts of the system are working to their strengths
The real value in partnership is in our differences. By each playing to their strengths, local people, the VCSE sector and public sector organisations can work more effectively together, complementing one another to create better outcomes.

An even playing field is created

The barriers to whole-system working are understood and efforts are made to maximise participation of the VCSE sector and local people.

Relationships are strengthened and a new culture built

Meaningful efforts are made to develop relationships across sectors, with an emphasis on mutual understanding, trying new ways of working, taking risks, and learning from 'failure' without blame.

Representation is effective and participation is meaningful

A system of representation that engages local people and the VCSE sector meaningfully in local decision-making is built. Community and VCSE sector representatives are equipped with training and support to carry out their roles and have ways of gathering insight from, and disseminating information back to, the VCSE sector and their communities.

Effective networks

Networks bringing together people and organisations around a shared purpose are formed and resourced, fostering collaborative leadership and joined-up responses to local challenges.

As a result...

Instead of focusing on local challenges in isolation, the Redbridge Place-based Partnership is able to see bigger picture and brings together different people, organisations, and sectors to work together. More sustainable, long-term change is achieved through coordinated efforts and collaboration across the system.

Examples of good practice

- **The Plymouth Alliance:** An 'alliance contract' model where the hierarchy of commissioning is removed, and the local authority and delivery partners, including the VCSE sector, are all equal partners, sharing risks, successes and challenges. This contract mechanism also enables longer term planning.
- **Somerset Open Mental Health Alliance:** This alliance brings together a diverse range of organisations to support mental health in Somerset. There is a strong focus on co-production and the concept of 'no wrong door', with organisations aiming to work as a whole system for the benefit of the people of Somerset. By pooling resources they are also able to offer service hubs in four areas within the county.

What we will need to make our ambitious goals a reality

Trust

Trust, understanding and mutual respect are crucial foundations for transformation. Trust does not build itself, so we must focus on doing things together that build that trust across organisations and sectors.

Shared vision

We will need to work together to build a shared vision for Redbridge, so that across all sectors, we have a shared sense of purpose.

Flexibility

We must all be open to changing our thinking and ways of working, and truly valuing diversity of thought.

Power-sharing

We must make a genuine effort to shift the balance of power from 'top down' planning to 'bottom-up' community-centred approaches and steer away from competitive processes that get in the way of genuine collaboration, such as conventional procurement.

Opportunities to learn and develop together

We create new opportunities to come together to share learning and develop new skills. This could be through formal training opportunities, as well as informal opportunities for knowledge exchange such as cross-sector buddying and peer support.

Courage and risk-taking

We must develop a 'no-blame' culture, where we evaluate new approaches, capture learning, build on what works well, and stop doing things that are ineffective.

Next steps

We now need to make these aspirations into reality.

We know we can't do it all at once. So, we will:

First 3 months

- Start socialising these plans more widely with the VCSE sector
- Work with public sector partners to harness their support for this approach
- Set priorities for the financial year 2025/26
- Secure investment to be able to test some of these ideas in 2025/26

3 to 6 months

- Map existing Redbridge networks
- Begin to connect, support and develop networks to foster collaboration and innovation

6months +

- Continue connecting, supporting and developing networks
- Develop opportunities for VCSE engagement in partnership spaces
- Pilot cross-sector mentoring, learning and development opportunities
- Secure longer-term investment (April 26+) to enable this strategy to be realised

It is important that a wide range of local VCSE voices are involved in developing these action plans and that the future of this work is co-designed and produced by VCSE organisations and local communities. Alongside this, we seek a commitment from our public sector colleagues to work with us to prioritise and plan these specific actions and programmes, enabling transformational change and helping us all to work towards Redbridge Reimagined.

How the strategy was developed

The strategy was co-designed over a six-month period from November 2023 to May 2024, involving 34 VCSE and four public sector organisations.

We engaged consultants [Aimie Cole and Lev Pedro](#) to facilitate the design process.

A variety of methods were used to create this strategy:

- Desk research, looking at existing Redbridge strategies and other relevant documents
- Interviews with public sector colleagues
- Codesign: We formed a steering group of local VCSE leaders, and our facilitation consultants worked closely with them to develop the strategy through a series of content development workshops
- A focus group involving a wide range of local VCSE organisations to test the main themes that came out of the codesign process
- Questions added to Community Action Redbridge survey



Who took part?

VCSE Steering group members

- Age UK Redbridge
- Black Women Kindness Initiative
- Citizens Advice Redbridge
- Community Action Redbridge (formerly Redbridge CVS)
- Frenford Clubs
- Healthy Living Projects
- One Place East
- Redbridge Carers Support Service
- Redbridge Rainbow Community
- Uniting Friends

VCSE organisations

In total a further 24 VCSE organisations took part in an online focus group and replied to Community Action Redbridge's Communications, Engagement and Networks survey.

Public sector stakeholders

Six of our public sector partners were interviewed for their views on local partnership working:

- **Adrian Loades**
Chair of Redbridge Place Based Partnership and Interim CEO London Borough of Redbridge
- **Tracy Rubery**
Redbridge Director of Partnerships, NHS North East London
- **Dr Anil Mehta**
Clinical Lead of Redbridge Place Based Partnership and Redbridge GP
- **Gladys Xavier**
Director of Public Health, London Borough of Redbridge
- **John Cooke and Isobel McVey**
Corporate Strategy and Engagement Team, London Borough of Redbridge

With thanks and appreciation to everyone who took part in the development of this strategy.



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