The Value of the Voluntary Sector Microbiome in Integrated Care Systems

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“Unseen but essential”

How can the ‘microbiome’ of the smallest, often unregistered, voluntary and community groups be supported in the new landscape of public service design and delivery in England?

The landscape of public service design and delivery in England is evolving, with big implications for voluntary and community organisations of all shapes and sizes. The last decade has seen the hollowing out of locally delivered public services, ever-increasing demand for stretched services, and a drive towards localising services. The latter has devolved responsibility, decision-making, and budgets, and attempted to improve the transparency, efficiency, and accountability of public services. Part of this drive towards localising is manifested in integrated care systems—partnerships that plan for and deliver health and care services in a particular area, usually roughly coterminous with a county or unitary authority. These are predicated on ever-closer collaborative relationships between health and social care providers, local authorities, and the voluntary sector to deliver public services in place. This has diversified the providers of public services to include the private sector and voluntary and community organisations.

As Hucklesby and Corcoran (2016: 2) note, the “radically heightened expectations” of what voluntary sector organisations are expected to deliver in this new landscape of service design and delivery is resulting in “qualitative changes in their role”. There may be advantages of this for some voluntary organisations in terms of strategic direction, continuity of service provision, or financial stability, but there are also significant challenges. We don’t know enough about the meaning and practice of integration, or the way it is shaped by current assumptions, values, and priorities on all sides, especially where lived experience and diverse knowledge are marginalised. The degree to which integration is attentive to the heterogeneity of the voluntary sector is not clear. Different voluntary and community organisations require different levels of and approaches to integration. Small-scale voluntary organisations delivering community activities (e.g. chat cafes, hobby groups, community fridges, support for mental health, to name but a few) are different to large anchor organisations or voluntary sector alliances with some permanent staff participating in

service delivery, strategy discussions, and commissioning. Both tackle health inequalities and the social determinants of health, but do not need the same type of relationship with the health and care system.

And there are a lot of those smaller organisations out there. The voluntary sector is dominated by small organisations (income <£100k), which comprise 80% of registered VCSEs, with 44% of these classified as micro-organisations (income <£10k) (NCVO 2024). While there are 132,000 VCSE organisations registered with the Charity Commission and Companies House in England (NCVO 2024), estimates suggest an additional 335,000 organisations within the microbiome.[1] What does the drive towards the integration of health and care mean for the smallest organisations in the voluntary sector, whether they are registered in some formal way or not?

Using the metaphor of the 'microbiome' is a way to recognise both the number and importance of the smallest voluntary sector organisations. Anyone who takes a probiotic every day is probably familiar with the idea that our gut flora is important to our health. In fact, the human body has countless microorganisms living in and on us that contribute to the functioning of the whole human biophysical system. There are flora flourishing on and in our mouths, noses, airways, lungs, stomachs, colons, sexual organs, and skin. We don't know they're there, but they are essential. They help us digest, metabolise, and form a first line of defence.

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Why does thinking about the smallest VCSEs as a microbiome help? Policy makers and policy influencers, health and care commissioners, and integrated care boards try to use systems thinking: an approach which avoids isolating a problem to just one factor and understanding it as the outcome of many factors. If we're going to embrace systems thinking, we need to be as attentive to the smallest parts of the system—the microbiome (hard to see but essential)—as the largest (most obviously all the different parts of the NHS and the different departments of the local authority).

Take obesity, for example. Traditionally seen as a medical issue needing dietician appointments or surgery, systems thinking reveals it as the outcome of many factors: food deserts, lack of outdoor spaces, limited options for walking or biking, few opportunities for physical activity, and environments that discourage cooking skills. Addressing obesity involves the entire 'system'—from local planning and transport to schools, housing, and NHS services.

1 For detailed calculations, see: www.navca.org.uk/unseen-but-essential

But there's more: community gardening groups, walking clubs, foodbanks, and lunch clubs where people learn to cook together also play crucial roles. So do less obvious groups like youth clubs or hobby groups, where people discuss life, worries, or their finances. This network is like the microbiome—vital yet often overlooked.

While lived experience from these community groups is invaluable in shaping services and tackling structural issues like housing or transport, integrating these voices remains a challenge. Often, participation depends on residents attending formal meetings organised in the working day by local authorities or NHS bodies, without support for time off work, travel time and costs, or caring responsibilities—barriers that exclude many community members.

Embracing the idea of the microbiome and using it to successfully energise and support the smallest parts of the voluntary sector depends also on system maturity. This is the ability of the system to recognise itself—not only its component parts—but how each part works. In a mature system there is space and time to reflect on and challenge taken-for-granted ways of working, to identify path dependency, group think, where the sticking points are in achieving things for the benefit of the whole system, not its individual components. Do strategies align? Do priorities get in the way of each other? Does process matter more than outcome? Is the intent to collaborate, co-design, empower really matched by giving up the necessary time, resources, space, and power for these things to happen? Do the structures of funding and commissioning work to nurture all parts of the voluntary sector from the largest to the smallest?

And it all takes time. What does it take to collaborate in a meaningful way? How do we create the conditions in which new VCSEs come into being? What gets in the way of making the most of the incredible energy that exists in the microbiome as well as the rest of the voluntary sector?

In the UK, the formation of integrated care systems will drive public service design and delivery for a generation. Fundamental to the relationship between the component parts of the system—whether that's the local authority, the NHS, or the voluntary sector—are two simple questions:

What is the ask, what is the offer?

Innovation is critical. Bravery is a prerequisite. Some long-held assumptions about how things work will have to be let go of. But if we get it right, this is also a once-in-a-generation opportunity for individuals, communities, and voluntary sector organisations of all shapes and sizes nationwide to play an active part in improving the quality of life for all.

References:

Hucklesby A and Corcoran M (2016) Introduction. In: Hucklesby, A., Corcoran, M. (eds) The Voluntary Sector and Criminal Justice. Palgrave Macmillan, London, 2–12.

NCVO (2024) UK Civil Society Almanac 2024, https://www.ncvo.org.uk/news-and-insights/news-index/uk-civil-society-almanac-2024/

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