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The role of VCSE infrastructure in changing health systems

NAVCA Health Theory of Change

July 2026

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Context

Local infrastructure organisations (LIOs) and ICS-VCSE Alliances play a critical role in enabling neighbourhood health, prevention and community-led approaches. They provide leadership, coordination, trusted links between communities and the health system, and the relational work that helps systems work better with people and place. However, there is no single model for how LIOs and Alliances relate across systems, and this role is still inconsistently understood, under-resourced and destabilised by restructuring, short-term commissioning and competitive procurement.

As a result, VCSE infrastructure is too often treated as optional rather than essential system infrastructure, limiting the ability to create community-led health models to take root or be sustained at scale.

Developed with NAVCA members, this Theory of Change describes how NAVCA will support, connect and advocate for local infrastructure organisations so they are better recognised, resourced and positioned within health systems.

Our beneficiaries

- **Primary beneficiaries:** Local infrastructure organisations (LIOs)
- **Secondary beneficiaries:** Local VCSE organisations and groups
- **Long-term beneficiaries:** Communities and people experiencing health inequalities, particularly those experiencing the greatest health inequalities.

The problem

Communities, especially those facing the greatest health inequalities, are not consistently able to shape or benefit from health and wellbeing support in ways that reflect lived experience and local assets. While health systems increasingly rely on the VCSE sector to build trust, reach communities and address wider determinants of health, the infrastructure that makes this possible is not yet consistently valued or supported. This leaves community-led approaches fragile, reliant on unfunded capacity, and difficult to sustain or scale.

This results in:

- Unequal partnerships where VCSE leaders are involved but not consistently trusted as strategic partners within systems
- Heavy reliance on unfunded VCSE capacity and relational labour
- Instability caused by restructuring, mergers and procurement
- Commissioning models that priorities short-term delivery over long-term sustainable, community-led approaches.
- Local insight that is generated repeatedly but does not consistently shape system or national decisions.

Our vision

NAVCA's vision is of health systems where VCSE infrastructure is recognised as a core part of the system, not an add-on; where community insight meaningfully shapes decisions at neighborhood, place, system and national level, supporting health creation and reducing the gap in healthy life expectancy.

What we do

NAVCA supports LIOs as the primary enablers of local VCSE sectors, helping them navigate complex health systems, strengthen their legitimacy and influence, and translate local insight into stronger system and national influence.

We do this by:

- Making sense of national policy and system change and translating it for place-based VCSE infrastructure
- Strengthening shared learning and collective insight across LIOs
- Setting clear expectations for how systems work with VCSE infrastructure
- Using shared insight to influence national policy and system behaviour

Outcomes

Short-term (capability and clarity)

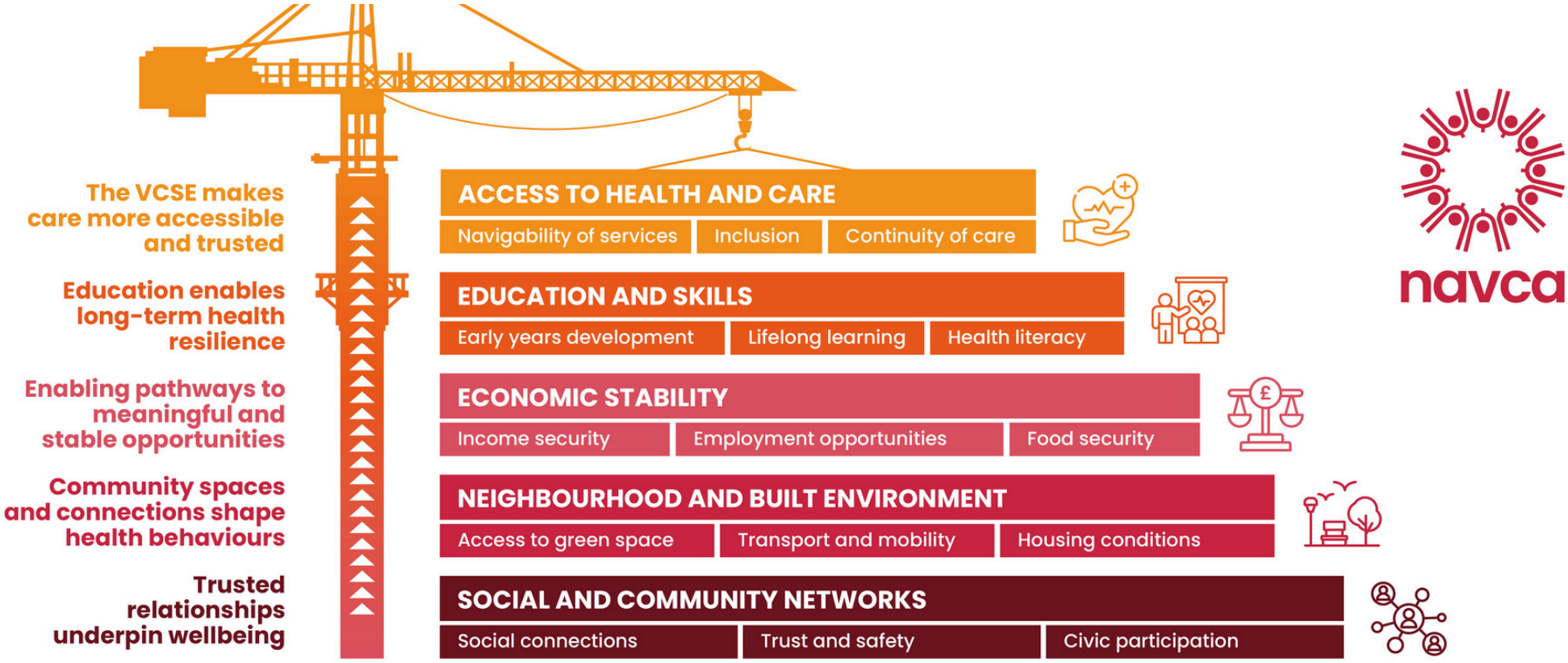
- LIOs have greater confidence and clarity in their system and neighbourhood roles as links between communities and decision-makers.
- Local insights are surfaced, shared and used, rather than remaining fragmented or tokenistic.
- LIOs are better prepared for policy, commissioning and system change, with less time spent reacting and more time anticipating.

Medium-term (behaviour and practice)

- More consistent and meaningful VCSE infrastructure involvement in ICSs.
- Improved system behaviour towards LIOs, with clearer roles, more stable arrangements and greater parity with other partners.
- Commissioning approaches that better reflect community-led, preventative work and long-term health creation.
- VCSE organisations of different sizes are more equitably supported and represented.

Long-term (structural change)

- LIOs are embedded as stable, trusted partners within health systems at place and system level.
- VCSE infrastructure is recognised and resourced as essential system infrastructure.
- Neighbourhood health models are shaped by local knowledge and lived experience, rather than short-term transactional priorities.
- Health systems are better able to address inequalities through community-led approaches because community insight is embedded in decision-making.



Health starts with **strong foundations**

From jobs to housing to connection, VCSE organisations support every social determinant of health

Health starts in **communities**

Local community organisations give people connection, purpose and choice

People are enabled and empowered to build networks and connections

Social networks and social capital help people thrive

INVESTING IN A **DIVERSE RANGE** OF GRASSROOTS ORGANISATIONS **SUPPORTS HEALTHY COMMUNITIES**

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THIS LEADS TO:

- **Improved** wellbeing and resilience
- **Reduced** loneliness and isolation
- **Less reliance** on formal health and social care services

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Contact

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