Building neighbourhood health around communities

Why VCSE partnership is essential and how to make it happen in practice

The Partner Ship

ALLiance42
ICS-VCSE Alliances shaping health and care

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Introduction

This handbook is for local leaders in regional NHS England teams, integrated care boards (ICBs), local authorities, primary care, NHS providers, Health and Wellbeing Boards and voluntary, community and social enterprise (VCSE) organisations who are responsible for planning and delivering neighbourhood health.

It focuses specifically on how the NHS and other public sector partners can work effectively with communities and the local VCSE organisations that support them. It aims to complement rather than replace existing clinical, operational and statutory guidance, including the Neighbourhood Health Framework, the Population Health Delivery Models guidance, the 10 Year Health Plan, and other related policy documents.

National policy sets out a clear ambition to shift care closer to home, strengthen prevention, and bring services together around people and communities through neighbourhood health. This reflects a growing understanding that health is shaped by the conditions of people's daily lives, and not by services alone. What is often less clear is how to put this ambition into practice through partnership with communities and the VCSE sector.

The handbook accompanies a briefing note about why partnership with the VCSE sector is essential for effective neighbourhood health and answers four frequently asked implementation questions:

- **How do we understand what communities experience, have, want and need?**
- **How do we build relationships, shared leadership and a collaborative culture around a community?**
- **How do we ensure communities and their VCSE organisations shape decisions that affect them?**
- **How do we align and shift funding from different sources around and into a community?**

Rather than proposing new models or presenting a collection of case studies, this handbook brings together practical VCSE learning about cross-sector collaboration, across different areas of practice, and at neighbourhood, place, system, regional and national levels. This experience tells us that effective delivery of neighbourhood health requires:

- **Communities to be in the driving seat**
- **Sustainable VCSE infrastructure and VCSE alliances enabling cross-sector collaboration**
- **Services that integrate across sectors at a local level**
- **Place-based funding from multiple sources that aligns around what communities have, want and need**

Each section suggests practical steps and helpful resources, alongside examples, top tips, and 'So what?' evidence of what can change when organisations work in this way:

- **People get support earlier and in ways that work for them**
- **Services better reflect real lives and are more accessible to those that need them most**
- **Communities are stronger, population health outcomes improve, and avoidable demand on public services falls**

Prepared by The Partner Ship, with ALLiance42 and NAVCA, the intention is for this handbook to evolve into an ongoing process of sharing VCSE learning about what helps neighbourhood health work in practice. We welcome feedback, as well as further examples, tools and resources that could be useful to share in future editions.

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Question: How do we understand what communities experience, have, want and need?

Action 1:

Develop an understanding of what already exists in your community

Top tip
Start with the people and organisations the community already knows and trusts

Why?

Neighbourhood health services are unlikely to achieve their full potential unless they build on the thousands of groups, organisations and community assets that local people already use and trust.

So what?

Working in partnership with the **Cornwall** Voluntary Sector Forum's Health and Wellbeing Alliance, Cornwall's neighbourhood health planning team developed a strategic understanding of the county's existing community assets, VCSE organisations and neighbourhood infrastructure and partnerships. This informed investment in a network of community hubs and VCSE partnerships that underpins the county's neighbourhood health approach.

How?

1. **Connect with your local VCSE Alliance or VCSE infrastructure organisation.** They often coordinate and lead the development of the local VCSE ecosystem and can share the information and connections they have to help you learn about what already exists in the community.

2. **Look beyond formal organisations.** If you want to understand a specific community, speak to people who play community building, connecting or organising roles. They often have detailed knowledge of local strengths, networks and priorities.

3. **Go deeper where needed.** If your work is focused on a particular health condition, activity or group within the population, contact a VCSE anchor organisation. They can often provide specialist knowledge and introduce you to other relevant trusted local organisations.

Action 1: Develop an understanding of what already exists in your community

Where to look?

You don't need to start from scratch. There are resources, organisations and networks in the VCSE sector that can help you understand what already exists in your community.

What to explore	Examples and resources
VCSE Alliances lead on embedding local VCSE organisations in health system governance, strategy, planning and delivery (at system and place level). Sometimes they are known as VCSE Assemblies or VCSE collaboratives	ALLiance42 is a national collaboration of VCSE alliances across England. Further details about VCSE Alliances and how to contact your local Alliance are available on the ALLiance42 webpages. This includes a VCSE Alliance map and a 2026 report on the current position of VCSE alliances, which is available in the link to the public facing documents folder on the webpage.
Local place-based VCSE infrastructure organisations (LIOs) provide support to charities in local areas, often operating across a local authority area. Sometimes they are known as Councils of Voluntary Services (CVSs).	NAVCA is the national membership body for local place-based VCSE infrastructure organisations. You can find who operates in your area on the NAVCA website.
VCSE anchor organisations are established organisations with particular expertise, reach or trusted relationships in a place, community or area of need. They often hold specialist insight and connections across wider networks of local organisations.	Many VCSE Alliances and local VCSE infrastructure organisations hold and share information about charities operating in their local area. Things like this London VCSE dashboard and this Gloucestershire Charities Map can be searched by theme to find local VCSE anchor organisations.
Community builders and connectors are often founders and leaders of local grassroots and micro VCSE organisations involved in things like youth clubs, family hubs, faith groups, village halls, grassroots sports, wellbeing activities, food banks, community growing, the arts or heritage projects. These individuals understand local strengths, priorities and relationships and may be called locality leads, community development workers, community organisers, community builders, link workers, or just be known by their name.	VCSE Alliances and local VCSE infrastructure organisations often host community builders, connectors or development workers or can help you find them, or other organisations that host them, in the community.

Question: How do we understand what communities experience, have, want and need?

Action 2:

Enable people in communities to share what they experience, want and need

Top tip
Don't just ask once. Keep the conversation going.

Why?

Neighbourhood health is more likely to meet local people's needs when community voice is embedded as part of an ongoing conversation that builds trusted relationships, strengthens connections between communities and services, and enables regular feedback.

So what?

The **Cheshire & Merseyside** Cancer Alliance worked through local VCSE infrastructure organisations and more than 100 community organisations to have 12,000 in-depth conversations with communities at greatest risk of serious illness over two years. This outreach through local trusted community organisations helped inform and target work to improve early diagnosis, with Cheshire & Merseyside subsequently ranking joint top nationally for improvement in early cancer diagnosis rates in 2023–24.

How?

1. **Work with VCSE organisations that have trusted relationships with the communities you want to reach.** They can host focus groups, facilitate community conversations and conduct participatory research. Their trusted relationships with communities can help uncover underlying causes and wider factors affecting health and wellbeing, identify what matters to local people and ensure a wider range of voices are heard and richer insight is gathered than may be the case when statutory organisations lead.

2. **Invest in ongoing community listening.** Rather than relying on one-off consultation or engagement exercises, consider investing in a network of trained community researchers, hosted through VCSE organisations and connected to neighbourhood teams. This creates an ongoing source of insight into community experience, needs and priorities.

3. **Keep communities informed.** Work with VCSE organisations and community researchers to regularly feedback and feed-forward what has been heard, what has changed as a result and what still needs to happen. This could include community meetings, newsletters, websites, social media, local events or other trusted community communication channels. Being open about progress helps build trust and keeps the conversation going.

Action 2: Enable people in communities to share what they experience, want and need

Where to look?

You don't need to invent new ways of hearing community voice. The following examples and resources may help you build an ongoing conversation with local communities.

What to explore	Examples and resources
Facilitating community conversations	Bradford VCS Alliance in **West Yorkshire** is facilitating 14 community conversations to identify neighbourhood health priorities.
Community-led research	**Cambridgeshire & Peterborough** Voluntary Sector Network partnered with the ICB and Assura to support hyperlocal community organisations to undertake research to identify and resolve health and wellbeing issues in neighbourhood health areas.
Community researchers	Access Alliance has trained and employed community researchers in **Canada** for over 20 years, enabling residents to gather insight, identify emerging issues and help shape health and wellbeing services.
Primary care community partnerships	Lewisham Health Equity Teams in **South East London** pair a GP Health Equity Fellow in each Primary Care Network with a local Black-led voluntary and community organisation. Together they work with communities to identify health inequalities and co-design local responses. The model, which engaged more than 2,500 residents in its first phase, is now being embedded within Lewisham's Integrated Neighbourhood Teams.

Question: How do we understand what communities experience, have, want and need?

Top tip
Focus on designing solutions with communities, rather than for them.

Action 3:

Work in partnership with communities and the VCSE sector from the start to design solutions to neighbourhood health priorities

Why?

Neighbourhood health services are better able to deliver lasting change when local people, VCSE organisations and statutory partners coproduce solutions, combining their different knowledge, experience and expertise and strengthening the role of local people and communities in service design.

So what?

South London listens - a partnership of NHS trusts, local authorities, VCSE sector and local communities - has trained hundreds of community members to facilitate regular community listening cycles. This enables statutory health and care partners to shape services through ongoing dialogue with communities and has resulted in the co-development of more than 30 pledges. This has led to new programmes addressing housing, access to primary care, mental health and the cost of living and demonstrates how embedding communities in strategic decision making can change what systems choose to prioritise.

How?

1. **Invest in community building.** Invest in people and activities that strengthen the relationships, confidence, leadership and capacity within communities to work alongside statutory services as equal partners. This may include investing in community builders, community development approaches, system leadership training, local networks and other activities that strengthen community capacity and social connections over time.

2. **Agree what success looks like.** Before designing solutions, work with communities to agree the outcomes that matter most to local people. Where appropriate, develop shared outcomes frameworks that provide inclusive and accessible ways of measuring progress across VCSE organisations and statutory partners.

3. **Coproduce solutions with communities.** Work with VCSE organisations to bring together local people, community leaders and statutory partners to develop a shared vision for neighbourhood health, identify community strengths, generate ideas and agree priorities for action.

Action 3: Work in partnership with communities and the VCSE sector from the start to design solutions to neighbourhood health priorities

Where to look?

Developing new ways of working in partnership with communities can feel daunting. Your VCSE Alliance, local VCSE infrastructure organisation, many VCSE organisations and community groups may already have expertise in community building, coproduction and developing shared outcomes frameworks. The following examples and resources may help you get started.

What to explore	Examples and resources
Community building	In **Worcestershire,** a significant proportion of the public health budget and team is dedicated to working within local neighbourhoods, connecting residents and community groups and building on community assets. Funding is allocated to neighbourhoods and used to support the implementation of resident-led ideas aimed at improving health and wellbeing. This approach, that incorporates the Priority Neighbourhood Development (PND) programme, is designed to not only enable locally defined projects, but to also strengthen neighbourhood relationships and social capital in areas that have the greatest need.
Coproduction	Your VCSE Alliance, local VCSE infrastructure organisation or specialist VCSE organisations will likely have experience of bringing together people, communities, VCSE organisations and statutory partners to develop shared solutions. The Sefton Health and Wellbeing Board in **Merseyside**, for example, developed its Health and Wellbeing Strategy in partnership with local VCSE infrastructure organisation, Sefton CVS, using a community-powered approach involving extensive community and stakeholder engagement to identify shared principles and priorities before the strategy was drafted.
Shared outcomes frameworks	In **South East London**, the Trust and Health Creation Partnership (a partnership between the ICB, VCSE Alliance, King's Health Partners and five local specialist 'By and For' grassroot VCSE organisations) cocreated a shared outcomes and impact framework alongside trust-building measures, providing a common way for communities and statutory partners to define and measure success.

Question: How do we understand what communities experience, have, want and need?

Top tip
Don't rely on public sector data alone. Community and VCSE insight completes the picture.

Action 4:

Embed community and VCSE data and insight into planning, commissioning and delivering neighbourhood health services

Why?

Neighbourhood health services can understand and meet local people's needs more effectively when community and VCSE data and insight are considered alongside NHS, council and other public sector data. Routine NHS and service data reflects people who access public services, while VCSE organisations often hold valuable intelligence about people who do not. This helps reveal unmet need, barriers to access, community strengths and emerging issues.

So what?

In **East Warrington**, a PCN combined analysis of more than 78,000 patient records with VCSE insight and community knowledge to understand why people at greatest risk of cardiovascular disease were not accessing screening and support. Warrington Voluntary Action was embedded within the PCN and helped develop a new early-intervention pathway involving community CVD champions and local VCSE organisations. Engagement increased among populations at higher risk, including a doubling of engagement with Asian communities.

How?

1. **Create ways of collecting and sharing community and VCSE data and insight.** Work with your VCSE Alliance, local VCSE infrastructure organisation and other VCSE partners to develop or support platforms, surveys, community research and other approaches that collect and share community and VCSE data and insight with neighbourhood teams, planners and commissioners.

2. **Integrate community and VCSE data and insight with NHS, council and other public sector data.** Ensure the community and VCSE data and insight you collect are routinely considered alongside NHS, council and other public sector datasets when developing Joint Strategic Needs Assessments (JSNAs), neighbourhood profiles, commissioning decisions, service redesign, neighbourhood planning and performance reporting.

3. **Strengthen the local evidence base.** Where gaps exist, commission research with VCSE organisations, community researchers and academic partners to improve understanding of local needs, community strengths, health inequalities and the contribution of the VCSE sector to health and wellbeing.

Action 4: Embed community and VCSE data and insight into planning, commissioning and delivering neighbourhood health services

Where to look?

Many VCSE Alliances, local VCSE infrastructure organisations and VCSE organisations already collect, analyse and share valuable data and insight about the communities they serve. The following examples illustrate different ways this intelligence is being brought together and used to support neighbourhood health planning, commissioning and delivery.

What to explore	Examples and resources
VCSE insight and intelligence	VCSE Alliances and local VCSE infrastructure organisations often profile and share place-based data and insight gathered from local charities through surveys, reports, websites, insight platforms and newsletters. These can provide valuable intelligence on unmet need, community strengths, emerging issues and barriers to accessing services.
Community insight platforms	The Somerset Collaborative Insights Hub collect and share data and insight from across the VCSE sector.
Shared data platforms	South Yorkshire's Insights Bank brings together insight gathered across NHS, local government and VCSE organisations.
VCSE research	The Thames Valley VCSE Health Alliance regularly commissions and publishes research on the VCSE sector, often in partnership with universities and community researchers.

Question: How do we build relationships, shared leadership and a collaborative culture around a community?

Top tip
Partnership working doesn't happen by accident. Pay deliberate and ongoing attention to it.

Action 5:

Create the conditions for effective cross-sector partnership

Why?

Neighbourhood health requires organisations to work differently. Investing in trusted relationships, shared leadership and a collaborative culture creates the conditions for organisations to work together around communities rather than alongside one another.

So what?

In **Warrington and Halton**, VCSE professionals are embedded within hospital discharge teams as part of a shared approach to helping people return home safely and remain independent. By working as part of the wider team rather than as external service providers, they connect people with tailored practical and specialist community support. The Healthy & Home model has reduced hospital readmissions by 76%, shortened stays by an average of three days and generated an estimated £3.75 return for every £1 invested by the NHS.

How?

1. **Build on existing relationships and infrastructure.** Before creating new boards, networks or partnership structures, look at what already exists and consolidate, strengthen or adapt it wherever possible. New arrangements should fill genuine gaps rather than duplicate existing relationships, expertise or infrastructure.

2. **Invest in cross-sector leadership.** Support system leadership development for VCSE leaders alongside colleagues from primary care, NHS providers, local government and other partners. Shared leadership programmes help build trust and relationships, and a shared understanding of how different organisations can contribute to neighbourhood health.

3. **Create time and responsibility for partnership working.** Give leaders across primary care, NHS providers, local government and the VCSE sector dedicated time, clear responsibilities and senior backing to build partnerships across organisations and communities. Successful collaboration rarely develops alongside an already full workload and relationships take time to develop and maintain.

4 **Help people understand each other's worlds.** Develop buddying, shadowing or secondment opportunities between statutory and VCSE organisations in neighbourhoods so staff experience different ways of working, build trusted relationships and understand each other's strengths and challenges.

5 **Build integrated neighbourhood teams together.** Recognise VCSE staff and volunteers as part of the neighbourhood workforce from the outset. Design neighbourhood teams with VCSE organisations as equal partners and invest in understanding the skills, capacity and contribution they bring alongside statutory services. Agree clear referral routes, roles, responsibilities, information-sharing arrangements and escalation processes so that collaboration is safe and workable in practice.

6 **Co-locate and share resources that support neighbourhood priorities.** Where appropriate, share or make better use of estates, equipment, vehicles, training, digital platforms and expertise across organisations working towards shared neighbourhood priorities.

Where to look?

Many VCSE Alliances, local VCSE infrastructure organisations and neighbourhood partnerships have already developed practical ways of strengthening cross-sector relationships, leadership and collaboration. The following examples may help you identify approaches that could be adapted to your local context.

What to explore	Examples and resources
System leadership	VCSE Alliances and other bodies have arranged system leadership training in **Lancashire & South Cumbria, Bristol, North Somerset & South Gloucestershire, Hampshire & Isle of Wight and Gloucestershire.**
Partnership culture	In **Bristol, North Somerset and South Gloucestershire**, the NHS, local government and VCSE Alliance worked together over several years to produce a VCSE Vision and Framework for Action. This identifies relationships, culture, shared leadership and trust as the foundations for neighbourhood health and sets out a series of practical actions to consider.

Action 5: Create the conditions for effective cross-sector partnership

What to explore	Examples and resources
Buddying, shadowing and secondments	In **Devon**, 16 VCSE leaders were paired with 16 senior leaders from across the NHS and local government in a year-long buddying programme. Buddies met regularly to understand each other's organisations, pressures and perspectives, building relationships that made it easier to work together. The programme increased mutual understanding and helped create more open and collaborative relationships between statutory and VCSE leaders. It is included as a case study included in the NHS England framework for addressing barriers to VCSE integration.
Integrated neighbourhood teams	In St Helens, four Care Communities aligned with Primary Care Networks have provided the foundations for the development of Integrated Neighbourhood Teams. These bring together primary care, community health, mental health, social care and VCFSE partners to work as multidisciplinary teams around local populations.
Shared resources	In South East London, the ICB and VCSE Strategic Alliance are working together to make unused and underused NHS estate available free or at low cost to local VCSE organisations, particularly micro, grassroots and 'By and For' organisations. This enables community organisations to deliver activities and support from accessible spaces within the communities they serve. The wider partnership is also exploring how NHS infrastructure, including training and digital resources, can be shared with the VCSE sector.

Question: How do we ensure communities and their VCSE organisations shape decisions that affect them?

Action 6:

Embed VCSE organisations in neighbourhood health governance and strategy

Top tip

Build governance together. Be clear who shapes decisions, who makes them and who is responsible for delivery.

Why?

Neighbourhood health aims to shift care closer to home, strengthen prevention and move decision-making power closer to communities. Embedding VCSE organisations in governance and strategy provides a practical route for local people to influence neighbourhood health priorities, services and investment right from the start.

So what?

In **Greater Manchester**, the VCFSE Accord gives the sector an established role alongside the NHS, Combined Authority and local government in shaping policy, commissioning and investment. Evaluation of the partnership found that having VCFSE representatives involved in decision-making made prevention, community engagement and the needs of communities more likely to shape service planning and commissioning. The partnership has also influenced commissioning principles and fair-funding approaches across Greater Manchester.

How?

1. **Agree how you'll work together.** Discuss and agree your shared purpose, the roles and responsibilities of different partners, and practical ways of working. Develop this into formal partnership agreements, memoranda of understanding (MOUs) and Terms of Reference documents as the partnership matures.

2. **Ensure VCSE organisations are able to play a meaningful and relevant roles in neighbourhood governance.** Include diverse VCSE organisations from the outset within neighbourhood governance structures, Health and Wellbeing Boards, integrated neighbourhood partnerships, provider collaboratives and other relevant local decision-making bodies.

3. **Involve VCSE organisations in shaping neighbourhood priorities and strategy from the outset.** Ensure VCSE organisations are involved in neighbourhood improvement programmes, strategic planning, and service redesign from the earliest stages rather than being invited to comment once proposals have already been developed.

Action 6: Embed VCSE organisations in neighbourhood health governance and strategy

Where to look?

There is no single model for neighbourhood health governance because arrangements need to reflect local circumstances. However, many integrated care boards, Health and Wellbeing Boards, councils, VCSE Alliances and local partnerships already have cross-sector partnership agreements, governance arrangements and decision-making structures that provide useful ideas and practical learning. While it is rarely beneficial to copy these arrangements directly, they can be used to learn about the conversations and processes that enabled partners to build shared governance, clarify roles and responsibilities, and develop ways of working that reflected their local context.

What to explore	Examples and resources
Partnership agreements	VCSE Alliances, provider collaboratives, place partnerships and thematic alliances have developed collaboration agreements and memoranda of understanding (MOUs) that set out shared purpose, partnership principles, roles, responsibilities and ways of working. Many of these are publicly available on the NAVCA Health Resources Hub and the Future NHS Collaboration Platform's 'Working in Partnership with the VCSE Sector' pages. Learning shows that the process for developing partnership agreements matters as much as the end result.
Governance arrangements	Different systems are designing neighbourhood governance according to their local context. As set out in Cheshire & Merseyside's assurance framework for VCSE involvement in neighbourhood health, attention is being paid to membership, leadership, delegated authority, decision-making processes and VCSE representation in neighbourhood health planning and delivery. In London, VCSE organisations are represented in all regional, system and place level neighbourhood health, prevention and wellbeing governance and boards, including the London Neighbourhood Health delivery board and task & finish groups.
Strategy development	In **Hampshire & the Isle of Wight**, the VCSE Care Alliance (HIVCA), is represented in the system's neighbourhood health strategy discussions alongside the ICB, provider trust and local councils. VCSE organisations are also represented on the four Health and Wellbeing Boards, which are leading the place-based neighbourhood strategy development as part of an overall system approach to neighbourhood health.

Question: How do we align and shift funding from different sources around and into a community?

Top tip
Don't rely on goodwill. Invest in partnership capacity properly.

Action 7:

Ensure the VCSE sector has the capacity to partner in neighbourhood health

Why?

Neighbourhood health is a significant change in how organisations work together. It depends on capacity-building infrastructure to strengthen VCSE organisations and strong partnership infrastructure that can connect communities, VCSE organisations and statutory partners over the long term. Building this local capacity helps ensure neighbourhood health is not dependent on goodwill or VCSE organisations subsidising the system through their own reserves or fundraising and diverting limited resources and staff time away from the communities they exist to serve. Having strong partnership infrastructure also helps connects strategy with delivery and communities with decision makers in a way that improves outcomes and reduces demand on the system.

So what?

In **West Yorkshire**, sustained investment in its Power of Communities work has built the infrastructure and capacity for the VCSE sector to operate as a strategic health and care partner, embedding VCSE involvement across major strategies and decision-making structures and integrating VCSE organisations into health and care pathways. This has helped secure more than £5 million of direct investment into the sector and enabled VCSE-led approaches that are improving outcomes and reducing pressure on services. In Leeds, for example, the VCSE-led Enhance programme works with primary care and community health services to support older people to recover and remain well at home. In 2023-24 it supported more than 1,000 people, with an evaluation finding improved independence and reduced isolation, alongside reductions in emergency admissions and NHS 111 calls.

How?

1. **Recognise the costs of partnership.** Working in partnership takes time and resources. For the VCSE sector there is often a cumulative burden of representation across multiple structures, and not just the cost of attending an individual meeting. Working out how to cover the costs of VCSE participation in neighbourhood planning, governance, coproduction and service development is important so that organisational capacity is not a barrier.

2 **Ensure VCSE partnership infrastructure is sustainably funded.** Work with ICBs, councils and other local partners to ensure VCSE infrastructure for partnership has sustainable core funding. Long term funding enables VCSE alliances and infrastructure to coordinate partnership working across diverse local organisations in different parts of the system, including the smallest community organisations, equalities groups and specialist health charities.

3 **Invest in the infrastructure that strengthens the wider VCSE sector.** Recognise the role that VCSE infrastructure organisations play in building the capacity of smaller and community-led organisations that contribute to neighbourhood health. This comes from the fundraising support, training, organisational development, leadership development and other practical support they offer their members.

4 **Invest in the transition.** Recognise that shifting care closer to home often requires additional short-term transformation funding to build capacity and test new approaches before reductions in hospital activity or other benefits are realised. Consider creating time-limited neighbourhood transformation funds at a system level that enable partners to build community capacity, test new approaches and demonstrate impact before longer funding arrangements are agreed.

Where to look?

Many VCSE Alliances, local VCSE infrastructure organisations and partnerships have already developed practical approaches to funding participation and sustaining partnership infrastructure, as well as directing funding from a range of sources towards community-led neighbourhood health activities. The following examples may help you identify approaches that could be adapted to your local context.

Action 7: Ensure the VCSE sector has the capacity to partner in neighbourhood health

What to explore	Examples and resources
Funding VCSE participation	Many VCSE Alliances, partnerships and infrastructure organisations have agreed policies for VCSE participation in statutory sector governance, planning, strategy development and codesign. For example, the **South West** VCSE Alliance Peer Network - a partnership between NHS England South West, NAVCA and the seven VCSE Alliances in the region - has agreed a participation policy for covering the costs of strategic VCSE leadership involvement in regional planning.
Sustaining partnership infrastructure	Where ICBs, NHS trusts, primary care, local authorities, or other provider collaboratives have invested in VCSE partnership infrastructure, this has helped develop trusted relationships and embed VCSE organisations in health and care planning and delivery. For example, in **Cornwall**, the council formally commissioned VCSE sector partnership infrastructure through Cornwall Voluntary Sector Forum, alongside significant investment from the ICB. Cornwall VSF convenes networks and alliances across the local VCSE sector, enabling organisations of different sizes and specialisms to work collectively with NHS and local government partners, contribute to system planning and develop collaborative responses to local priorities. Details of investment in VCSE partnership infrastructure in other areas can be found in the latest ALLiance42 Temperature Check Survey with earlier learning on funding for cross-sector partnerships in health and care in NAVCA's Snowballs & Eels report.
Investing in wider VCSE infrastructure	In **Gloucestershire**, the ICB invested £35,000 in a fundraising role within the Gloucestershire VCS Alliance. Through this role, the Alliance supported more than 80 micro and small VCSE organisations with fundraising and helped bring more tha n £300,000 into the wider local sector in 2024-25.
Transformation funding	Some systems have created neighbourhood health transformation funds to support the transition towards community-based models before longer-term changes in activity and funding flows are realised. This includes in **London**, via the Mayor's Strategic Investment Fund and in Cornwall via the ICB's Neighbourhood Fund.

Question: How do we align and shift funding from different sources around and into a community?

Action 8:

Create a commissioning approach that includes diverse VCSE organisations

Top tip

Don't assume bigger means better. Design commissioning so smaller and specialist organisations can equitably participate too.

Why?

Neighbourhood health services are more likely to reach their potential when commissioning enables organisations of all sizes and specialisms to contribute, rather than favouring those best able to navigate statutory procurement processes.

So what?

The Bristol, North Somerset and South Gloucestershire VCSE Brokerage Framework test-and-learn pilot, co-designed and co-delivered by the ICB and VCSE Alliance, provided a mechanism for diverse VCSE organisations to deliver health and wellbeing activities in local communities, with public sector funding distributed in an accessible and proportionate way. Over 18 months, it increased participation from smaller and equality-led organisations, broadened the range of providers involved and enabled £2 million of funding to reach a wider and more diverse range of VCSE providers delivering community-based health and wellbeing activity.

How?

1. **Codesign commissioning with VCSE organisations.** Work together with your VCSE Alliance or local VCSE infrastructure organisation to identify and remove structural barriers that prevent diverse VCSE organisations, particularly the smallest, from contributing to neighbourhood health.

2. **Commission sustainably.** Ensure all funding covers the full costs of delivery, including appropriate overheads, Living Wage commitments and inflationary uplifts, so VCSE organisations can remain viable over the lifetime of contracts.

3. **Work with VCSE infrastructure to reach the wider sector.** VCSE Alliances and local VCSE infrastructure organisations can engage diverse VCSE organisations on your behalf - for commissioning, tendering, contracting and provider development. They can help ensure opportunities reach organisations of different sizes, communities and specialisms.

Action 8: Create a commissioning approach that includes diverse VCSE organisations

Where to look?

Many systems are redesigning commissioning so it is more accessible to diverse VCSE organisations, recognising that neighbourhood health depends on drawing on the full range of community organisations within an area. The examples below illustrate different approaches to reducing barriers, broadening participation and supporting a more diverse provider market.

What to explore	Examples and resources
Inclusive commissioning	The **Bristol, North Somerset & South Gloucestershire** ICB VCSE Brokerage Framework test and learn pilot.
Collaborative commissioning	The **Hampshire & Isle of Wight** Safe Havens Provider Collaborative illustrates how an ICB worked with its VCSE Alliance HIVCA to develop a collaborative commissioning approach. Rather than commissioning services through a traditional competitive procurement process, existing VCSE providers were brought together to form a provider collaborative, with HIVCA facilitating the partnership and ensuring providers had an equal voice in shaping the model.
Sustainable commissioning	NCVO has guidance on Full Cost Recovery.

Question: How do we align and shift funding from different sources around and into a community?

Action 9:

Identify opportunities to coordinate funding from different sources for VCSE and community-led activities that support neighbourhood health

Top tip
One funding source is rarely enough.

Why?

Neighbourhood health is unlikely to be funded by a single organisation or funding source. Developing a shared understanding of neighbourhood priorities makes it easier for statutory, charitable, philanthropic and other funders to contribute towards common health and wellbeing goals through their own programmes, including community-led and VCSE activities that fall outside traditional commissioning arrangements. It can also help identify where the organisation bearing the cost is different from the organisation realising the benefit, and where coordination between funders could add value.

So what?

In **Cornwall**, the ICB works with Cornwall Voluntary Sector Forum and Cornwall Community Foundation to coordinate investment into VCSE organisations that support local health and wellbeing priorities. The partnership provides a mechanism for NHS funding to reach grassroots organisations while also bringing in funding from other sources. Over three years, £1.3 million was distributed through health-related funds to 139 VCSE organisations and projects, reaching more than 37,000 people. Working through the VCSE and Community Foundation infrastructure also secured an additional £206,000 from private donors – increasing the funding available by around 17%.based health and wellbeing activity.

How?

1. **Make local statutory funding accessible.** Ensure relevant NHS, public health, council and other statutory funding opportunitues are visible and proportionate for local VCSE organisations.

2. **Work together to identify additional funding oppotunities.** Work with VCSE infrastructure organisations to identify relevant national, regional and local funding opportunities.

Action 9: Identify opportunities to coordinate funding from different sources for VCSE and community-led activities that support neighbourhood health

3 **Develop partnerships with other funders.** Work through VCSE Alliances, local VCSE infrastructure organisations and local partnerships to engage independent funders, community foundations, businesses, philanthropy and social investors.

4 **Coordinate place-based funding where it makes sense.** Share intelligence about funding opportunities, develop shared approaches where appropriate and look for opportunities to align funding around community priorities.

Where to look?

Many health and wellbeing partnerships draw on funding from multiple organisations and sectors. The examples below illustrate different ways places have used national funding to support local priorities, made statutory funding more accessible to local VCSE organisations, attracted external investment and coordinated place-based funding around shared priorities.

What to explore	Examples and resources
Accessible statutory funding	In **Bracknell Forest**, the council and ICB worked with local VCSE infrastructure organisation Involve to establish an Innovation Fund for community-led health and wellbeing activities. Local voluntary and community organisations were invited to propose solutions.
Independent and charitable funding	National funders such as The National Lottery Community Fund, charitable trusts and local Community Foundations regularly invest in community-led health and wellbeing activities. Many VCSE Alliances and local VCSE infrastructure organisations already work with these funders to identify opportunities that align with local neighbourhood priorities and support VCSE organisations to develop collaborative bids.

Action 9: Identify opportunities to coordinate funding from different sources for VCSE and community-led activities that support neighbourhood health

What to explore	Examples and resources
Corporate partnerships	Many businesses invest in community health and wellbeing through corporate foundations, grant programmes or social value commitments. For example, in **Cambridgeshire & Peterborough,** the Voluntary Sector Network enabled partners to secure external funding from a corporate partner for community research and development of community-led health and wellbeing activities addressing community-identified priorities within neighbourhood footprints.
Social investment	Social investment has been used to fund preventative, targeted community-based care delivered by the VCSE sector to increase wellbeing, reduce loneliness, support independent living of older people, target inequality of access to treatment, improve end-of-life care, transition to neighbourhood health and reduce reliance on hospital services. This includes projects like Ways to Wellness in the North East and the Macmillan Funds for End-of-Life Care and Neighbourhood Transformation.
Coordinating place-based funding	With seed funding from NHS **Gloucestershire** ICB and independent funders, Fund Gloucestershire has been established as a county-wide mechanism to make it easier for statutory, charitable and other funders to channel funding to local VCSE organisations. It provides a common funding platform and neutral administration service, reducing duplication for both funders and applicants and making funding more accessible to smaller organisations.

Alliance42 is the England-wide network of VCSE Alliances, each working within their local Integrated Care System to improve and transform local health and care. Alliance42's Leadership Group connects local and regional experience and expertise to strengthen VCSE influence, share learning and shape national policy and practice.

NAVCA is the national membership body for local infrastructure organisations, with 180 members covering more than 80% of local authorities in England, supporting around 165,000 VCSE organisations.

The Partner Ship helps organisations build effective partnerships. Drawing on experience of supporting over 35 alliances collaborations, it enables partners to achieve more together.