

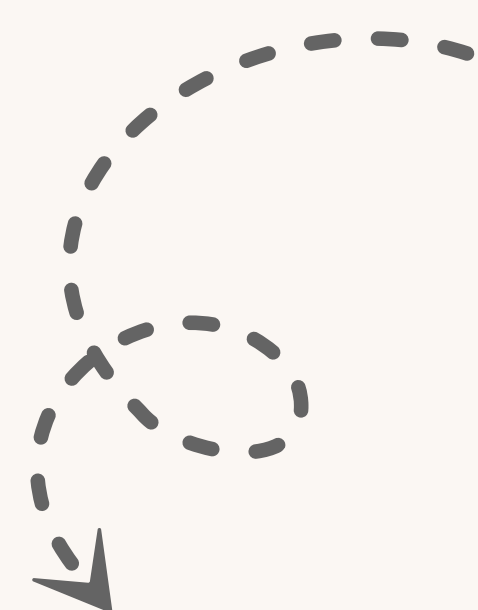
Impact Highlights

2024 - 2026



How to use this report

This report outlines the partnership working between the VCSE Alliance and the NHS, through the South East London Integrated Care Board, what this enabled in practice, and the priorities we will be focusing on next.



Where the Alliance works

[Executive summary](#)

[What has changed](#)

[Our impact at a glance](#)

[SEL VCSE Charter](#)

[Alliance reach and connectivity](#)

What this looks like in practice

[By and For Capacity Building](#)

[Strengthening workforce](#)

[Trust and Health Creation Partnership](#)

[Access to NHS Estates](#)

[VCSE Strategic Leads](#)



What we're doing next

[Some challenges still remain](#)

[Our strategic priorities](#)

Look for the below **SEL VCSE Charter coloured tags** throughout the report, to see how everything we do is grounded in these four guiding principles:

Developing a Strategic Partnership

Providing Fair and Sustainable Funding

Reducing Bureaucracy and Supporting Innovation

Building Supporting Infrastructure



Executive Summary

Enabling neighbourhood health, prevention, equity and a thriving VCSE sector across SEL through our VCSE–NHS partnership



Over the past two years, the **South East London Voluntary, Community and Social Enterprise (VCSE) Strategic Alliance** has been working in partnership with the **NHS**, through the **South East London Integrated Care Board (SEL ICB)** to reshape how the NHS partners with the VCSE sector, **building a strategic partnership** that strengthens prevention, health creation and equity across south east London by championing relational, strategic and agile ways of working together.

At the heart of this work is a **shift in relationships and power**: supporting the NHS in south east London to move from transactional, ad hoc engagement towards trusted, ongoing and more equitable partnership with the VCSE sector – especially alongside By and For and grassroots organisations – recognising the sector’s key role in tackling inequalities and **enabling communities to stay well, happy and connected**.

This **relational infrastructure** between the VCSE sector and the NHS enables more intentional, collaborative and equitable cross-sector ways of working across south east London. As this is upstream, multi-faceted work, impact is cumulative and rippled; the impact of our partnership working is seen most clearly in what it enables – stronger cross-system collaboration and connectivity, clearer structures for shared decision-making, and embedded community-led approaches with a **strong and diverse VCSE ecosystem at the heart of it all**.

One of the key drivers of this work has been the **unwavering commitment** of SEL ICB leadership to sustainable and equitable partnering with the VCSE sector. The Alliance would like to particularly thank Andrew Bland (CEO, SEL ICB) and Richard Douglas (Chair, SEL ICB), who have been instrumental in championing this approach and creating the conditions for it to take root and evolve. **This has enabled us to do first-of-its-kind, truly ground-breaking work together.**



Our impact at a glance

NHS investment over the last two years in VCSE partnership has enabled:



400+

Grassroots VCSE organisations accessing **capacity-building** and **sustainability support**



£3.7M

Total NHS funding to enable VCSE delivery and **strategic partnership across our health and care system**



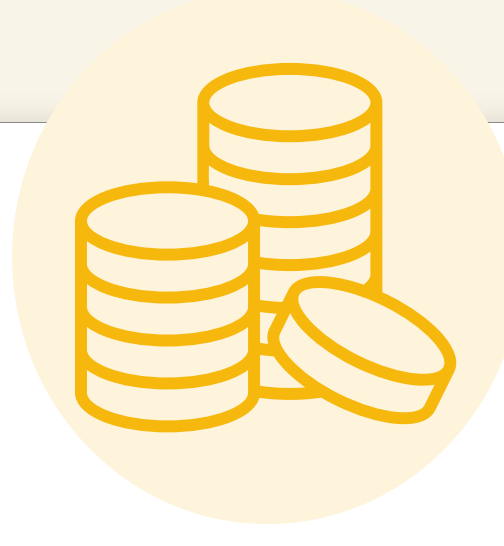
600+

VCSE leaders and statutory partners **connected** via the Alliance's community



46

VCSE organisations now in **long-term partnership** with the healthcare system



£315K

Invested in **widening opportunities** and **increasing participation** in health and care workforce and volunteering



£2.4M

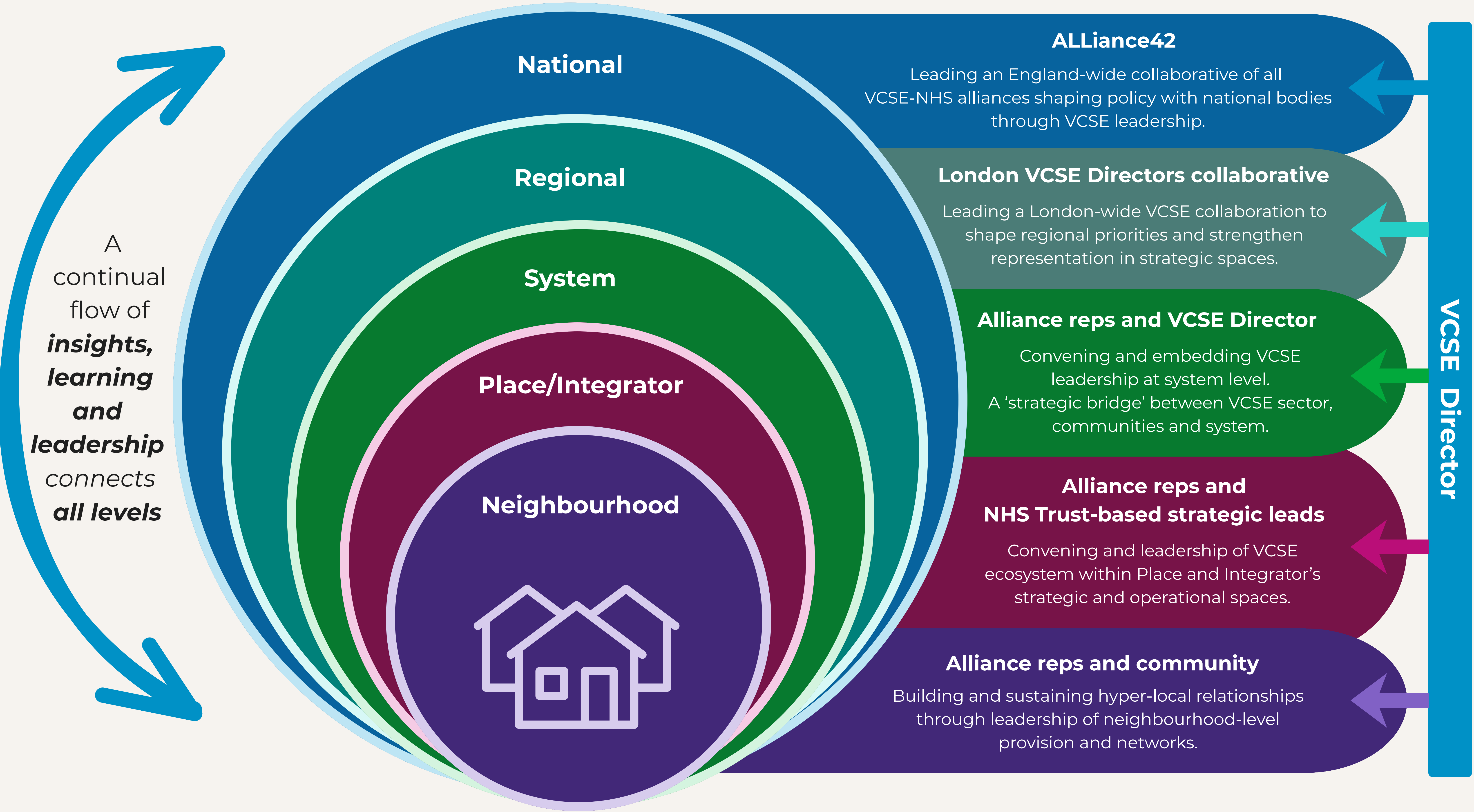
Distributed in small grants and capacity-building to **By and For** and **grassroots orgs**

Alliance reach and connectivity

Connecting and influencing change



The Alliance **connects thinking and doing across neighbourhood, place, system, regional and national levels** - embedding ongoing relationships rather than one-off inputs. Each level both shapes and is shaped by the others, with consistent VCSE Alliance leadership throughout. This ensures development and provision remains grounded in communities and shaped by VCSE insight and leadership.



What has changed

Equitable working with VCSE partners across SEL - more strategic, more inclusive, more sustained



- ✗ Transactional interactions
- ✗ Limited inclusion
- ✗ Fragmented routes
- ✗ Ad hoc engagement
- ✗ Siloed initiatives

The Alliance and the NHS, through SEL ICB leadership, have worked together to build a partnership that is **grounded in trust, reciprocity and long-term collaboration**, supporting prevention, health creation and reduction of inequalities.

- ✓

From transactional engagement to strategic partnership

→

We have moved away from one-off extractive interactions to creating a regular dialogue between VCSE and healthcare leaders, building cross-sector trusted relationships and ongoing partnership working.
- ✓

Clearer structures for shared leadership

→

We have created clearer routes for VCSE representation and influence across SEL by embedding stronger VCSE leadership within SEL ICB, Place, NHS Trust and Integrator governance and strategic spaces, enabling genuine co-creation of priorities and shared decision-making.
- ✓

By and For organisations more meaningfully included

→

We have invested in dedicated skills and capacity-building support for By and For grassroots VCSEs, increasing their visibility, influence and system leadership opportunities. While also supporting our healthcare system to better partner with a wider range of By and For, and grassroots VCSE organisations.
- ✓

Better resourced VCSE sector with stronger infrastructure

→

We have strengthened the VCSE ecosystem across SEL by enabling better sharing of NHS infrastructure with the sector, supporting Alliance and VCSE networks development, securing investment and increasing the sector's skills and capacity to engage strategically with statutory partners.
- ✓

More connected learning and collaboration across SEL

→

We have enabled stronger learning, relationships and approaches to be shared more systematically across boroughs, strengthening collective impact.



These changes have been particularly important in **enabling diverse VCSE organisations**, such as grassroots and By and For VCSE partners, to play a more **leading role in shaping and delivering neighbourhood health**.

South East London VCSE Charter

Our shared blueprint for building strategic-relational infrastructure



All of our work is grounded in the [SEL VCSE Charter](#) - a framework co-developed by the VCSE sector and the NHS, that sets out our approach for working together. It provides the **foundation for trusted, equitable partnerships** that strengthen collaboration, champion diversity and **enable community-led prevention and health creation** to grow across south east London.

Strategic Partnership

VCSE sector as full strategic partner in leadership, planning and decision-making at system, place and neighbourhood levels



Fair and Sustainable Funding

Long-term, equitable funding approaches that strengthen the VCSE sector, reduce inequalities and enable community-led prevention and health creation



Supporting Innovation

Simplified and proportionate commissioning and procurement processes to enable innovation, collaboration and fairer access for VCSE organisations



Building infrastructure

Strengthening the systems, resources and infrastructure the VCSE sector needs so it can play its full role within system strategic leadership and service delivery

Look for the **SEL VCSE Charter coloured tags** on each page to see how everything we do is grounded in our four Charter guiding principles:



Developing a Strategic Partnership

Providing Fair and Sustainable Funding

Reducing Bureaucracy and Supporting Innovation

Building Supporting Infrastructure

By and For Capacity Building

Strengthening the VCSE ecosystem at the heart of neighbourhood health and health creation



Providing Fair and Sustainable Funding

Building Supporting Infrastructure

What this enabled

This work plays a vital role in **strengthening the hyper-local VCSE ecosystem** that underpins neighbourhood health across SEL. We now provide specialist one-to-one, hands-on support for micro VCSEs across SEL through dedicated grassroots development officers, alongside a small grants programme that helps groups sustain core activity or test new ideas. Over the past two years, NHS investment via SEL ICB and Alliance leadership has enabled us to build the **capacity, connectivity and diversity needed for community-led prevention**, and allow health creation to grow within local communities.

Relationships changing: From transactional, extractive interactions to more trust-based, relational investment and local connectivity

Who is more included: By and For and grassroots VCSEs and the communities they are embedded within

Where: Place and Neighbourhood

What enabled this: Accessible and proportionate funding routes, targeted capacity and skills building, partnership support and sharing of learnings

Case study



Exercise for Everyone is a community-based group in Bromley that provides inclusive, accessible physical activity sessions designed to support health, wellbeing and social connection for local people who are most marginalised and experience the worst health outcomes.

Challenge: Leadership changes and limited capacity made it difficult to run the organisation and access suitable funding. Provision was at risk of stopping as a result.

What the work enabled: Support to rebuild governance, recruitment of two new Directors, and introduction of clearer structure and ways of working.

What changed: The organisation now has stronger leadership, meets funding criteria, is working towards a clear growth plan and provision is better sustained.



600+

By and For and grassroots organisations **identified** and connected into **local networks**



400+

By and For **micro** VCSE organisations supported



100K+

people from under-served groups benefiting from enhanced community-led support



£1M+

additional funding awarded to By and For and grassroots organisations

A strong, diverse VCSE ecosystem is foundational to delivering neighbourhood health and health creation - it must be intentionally built and sustained.

Trust and Health Creation Partnership

Making visible how trust and relationships enable health creation



Developing a Strategic Partnership

Reducing Bureaucracy and Supporting Innovation

What this enabled

This partnership is helping SEL ICB define the **relational foundations that underpin effective community-led health creation**. Bringing together By and For VCSE organisations and NHS prevention leads, the partnership is developing shared ways to understand, evidence and value **trust-building with communities**, which will then be embedded at the heart of the NHS's commissioning and evaluation approaches in south east London.

Relationships changing: From consultation to deeper, trust-based partnership

Who is more included: By and For VCSEs and communities facing the greatest inequalities

Where: System, Place and Neighbourhood

What enabled this: Co-creation, shared learning, longer-term funding and new approaches that centre community experience - shifting from top-down frameworks to evidencing trust and health creation from the ground up

Case study

Co-created impact tool

A new way to capture and evidence trust and community-led impact

Challenge: The impact of trust-building and holding with communities, which is at the heart of grassroots VCSEs work, is often hard to evidence, as relational work does not fit easily into traditional outcomes and evaluation frameworks, despite being central to community-led prevention. Additionally, grassroots VCSEs often do not have the capacity and tools to effectively capture and demonstrate their impact.

What the work enabled: Long-term collaborative work to co-develop key 'trust indicators' and develop shared ways to understand and capture this impact in practice.

What changed: A London-wide digital tool is being developed to support VCSE organisations - particularly grassroots groups - to capture and articulate their impact more clearly, making the role of trust more visible. The London tool is expected to be live from spring 2027.



A first-of-its-kind approach to making the impact of trust building with communities visible in health and care

Prevention and health creation depend on trust and relationships -
but these must be recognised and evidenced if they are to shape system decisions.

VCSE Strategic Leads

Embedding VCSE leadership within NHS Trusts to shape system change from within



Developing a Strategic Partnership

Building Supporting Infrastructure

What this enabled

This work is pioneering a **first-of-its-kind model of partnership between NHS Trusts and the VCSE sector**. We have worked with our local NHS Trusts to embed VCSE leadership into the heart of their strategic structures, changing not just who is involved in decision-making, but how decisions are made. By bringing community insight and VCSE expertise directly into NHS Trusts, we are enabling earlier, **more inclusive shared decision-making**, and strengthening Trusts' ability to respond to lived experience, tackle inequalities and work in genuine partnership with local VCSE sector.

Relationships changing: From sporadic engagement to embedded partnership at leadership level

Who is more included: More diverse VCSE leaders in strategic decision-making

Where: System (Trust level)

What enabled this: Funded dedicated roles, relationship-building and strengthened connections into VCSE networks

Case study

King's College Hospital and local communities

Creating genuine conversations between an NHS Trust and its local communities

Challenge: King's was looking to gain deep insight into how different communities experience its services and what would make its care more culturally responsive and accessible. However, King's did not have the reach or relationships of trust with local communities to enable such conversations to take place.

What the work enabled: Acted as a 'trusted bridge' into local VCSE and faith-based networks, and co-designed engagement sessions that were culturally appropriate, relationship-led and focused on listening.

What changed: King's heard from more diverse voices, gained richer insight and built new partnerships with local people and communities to shape and deliver its emerging strategy.



Engaging communities most affected by inequalities to shape better services

Embedding VCSE leadership ensures community intelligence shapes decisions from the start - leading to more inclusive and equitable services and outcomes.

Strengthening workforce

Building more inclusive workforce pathways through community leadership



Developing a Strategic Partnership

Building Supporting Infrastructure

What this enabled

This work is supporting a shift towards more **inclusive and representative community-connected workforce models**. By working with VCSE organisations, the SEL ICB Workforce team and NHS Trust Volunteer Leads to widen participation in the health and care workforce and strengthen volunteering structures across SEL, it helps understand and tackle key workforce issues, and create a health and care workforce ecosystem and **pathways that better represent and respond to the communities they serve**.

Relationships changing: How we understand our workforce is more cross-sector and incorporates VCSE sector

Who is more included: People most under-represented in health and care workforce and volunteering

Where: System and Place

What enabled this: Partnership, alignment and community-based pathways

Case study

Volunteering for Health

Creating a single, more inclusive volunteering offer across SEL

Challenge: Volunteering in and around the health and care system is fragmented, with limited links between Trust-based roles and VCSE-led volunteering, making it hard for local people – especially those under-represented in the workforce – to navigate opportunities.

What the work enabled: The Alliance brought together NHS Trusts, NHS charities, VCSE volunteer centres and the ICB Workforce team to co-design a single south east London volunteering offer and pathway, rooted in community-based partners.

What changed: Partners are now working as one system to create a streamlined route into volunteering that better connects community and NHS roles, increases diversity among volunteers, and strengthens volunteering as a pathway into employment and wellbeing.

Case study

Widening participation and increasing equity

Opening up NHS careers to under-represented communities

Challenge: People from communities most affected by health inequalities face systemic barriers and a lack of tailored support when trying to access jobs in the local health and care system.

What the work enabled: The Alliance connected specialist By and For VCSE organisations and their communities with NHS Trusts and the ICB workforce team to surface barriers, co-design solutions and create supported pathways into NHS roles.

What changed: The ICB and providers are now actively working with community partners to remove access barriers, test new approaches to recruitment and in-job support, and begin building a more diverse, representative local workforce.

By connecting NHS, VCSE and volunteer infrastructure, we are tackling systemic barriers and creating integrated volunteering and employment pathways that **diversify and strengthen the south east London workforce**.

Access to NHS Spaces

Opening up NHS spaces for community-led health and wellbeing



Developing a Strategic Partnership

Building Supporting Infrastructure

What this enabled

This collaborative work with the NHS, through the SEL ICB Estates team, enabled free access to NHS estates across south east London for community-embedded and By and For VCSEs to deliver their services from. This was thanks to SEL ICB absorbing the cost of space hire. Through this we strengthen localised VCSE service delivery and ensure **greater social value and social capital is generated from our NHS estates**. By removing one of the biggest practical barriers for VCSEs - safe and affordable spaces to operate from - it supports a more localised provision where prevention and support can happen in accessible, community-based trusted environments.

Relationships changing: ICB Estates leads, VCSEs and local communities working as partners

Who is more included: Local VCSEs previously unable to access suitable spaces to deliver services from, and local communities which are able to access more locally-based support

Where: Neighbourhood and Place

What enabled this: Brokerage, ICB innovation around use of Void spaces and simplifying access routes

Case study

The Waldron Centre, Lewisham

An accessible health hub bringing together local communities, health and care, and voluntary sector organisations

Challenge: Community organisations often face barriers accessing suitable, affordable space to deliver services, limiting opportunities for joined-up preventative support locally.

What the work enabled: Partnership working between NHS Estates teams, the local PCN and VCSE organisations helped identify additional capacity within the Centre, increasing community space and strengthening connections between the Centre, local infrastructure organisations and the wider VCSE sector.

What has changed: More community organisations can access space within the Waldron Centre, with clearer pathways between local infrastructure organisations, Lewisham Local and LBNV, and the Centre's community navigators, helping residents access a wider range of support and activities.



A shared community space enabling local VCSEs and communities to work alongside health and care services - bringing support closer to where people live

This work is showing new ways for **NHS and VCSE partners to share space, power and relationships to create the physical conditions required in neighbourhoods.**

Some challenges still remain

While we have made significant progress across SEL, some challenges remain. The Alliance sees the issues below as the key areas we must address together over the next two years to further strengthen our NHS–VCSE partnership across SEL and realise its full potential. This is particularly important as the NHS navigates major structural changes, reduced ICB capacity, and an evolving role for ICBs and NHS Trusts.

Fair and sustainable funding

- **Short-term, non-recurrent funding** continues to limit VCSE sustainability, workforce stability, and long-term impact
- Smaller, community-led VCSE organisations face barriers from **risk-averse funding** and **disproportionate commissioning** approaches
- Lack of **full-cost recovery**, rising operating costs, and increased employer NI contributions are placing significant financial pressure on the sector
- Funding levels often do not support payment of the **London Living Wage**, contributing to **recruitment and retention challenges**
- Significant **change across the NHS**, including new roles and responsibilities for ICBs and NHS providers, may create **uncertainty** about **where VCSE partnership is embedded and how it is sustained**

Building infrastructure

- **VCSE data, insight, and impact remain poorly integrated** within health and care systems, meaning the sector's contribution to prevention, reducing inequalities, and strengthening community resilience is often undervalued
- **Demonstrating impact remains challenging**, particularly for long-term prevention, relational work, and community outcomes that are difficult to measure within short funding cycles and traditional NHS metrics
- **Existing metrics often fail to capture** community trust, relationship-building, lived experience leadership, and **wider social value**
- VCSE organisations face increasing pressure to **disproportionately demonstrate measurable outcomes** despite limited evaluation capacity and resources

Strategic partnership and workforce

- **Rising expectations and demand** are being placed on the sector without equivalent investment in infrastructure and organisational support
- Insecure funding and **lower pay levels compared to statutory services** and the cost of living crisis continue to impact the recruitment and retention of skilled staff and volunteers within the sector
- We still do not have an **agreed approach to remuneration** of VCSE leadership in strategic spaces
- **Reduced capacity across ICBs and wider NHS organisations** may limit the time and resources available to build and sustain meaningful VCSE relationships, particularly as the NHS is forced to focus on managing **substantial organisational transition** and delivering immediate priorities

Our strategic priorities 2026 - 2028

Further strengthening the conditions for VCSE-NHS partnership across south east London





Find out more about the SEL VCSE
Strategic Alliance and our work:



www.selalliance.org.uk

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