BNSSG ICB Board Meeting

Date: 2nd October 2025
Time: 12.45 – 15.45
Location: MS Teams

Agenda Number:	6.3
Title:	**VCSE Vision & Framework for Action**
Purpose: Decision/~~Discussion/For Information~~	
Key Points for Discussion:	
This paper addresses the further development of the role of the VCSE sector in our changing system. It recognises that the VCSE role is to serve people and communities and aims to consolidate VCSE integration into emerging approaches, including Neighbourhood Health, Healthier Together 2040 and Darzi three shifts. It presents the BNSSG VCSE Vision, goals and actions as the stepping stones toward fully embedded VCSE contribution to health and wellbeing in neighbourhoods and communities. In July 2024, the ICB Board approved the new VCSE Integration Principles and made the decision to co-design a new Healthier Together VCSE Integration Strategy. Since then, developments have focussed on implementing the principles in our collaboration on the VCSE Brokerage Framework, VCSE Alliance development and other joint work. In addition, commissioning intentions (for the recurrent Proactive Care Fund) have been tested with system partners, providing a way forward for investments in system enablers (VCSE Alliance, VCSE Brokerage), VCSE market development and strategic approaches, including to support Healthier Together 2040 and Neighbourhood Health. Work on the VCSE Integration Strategy was in progress when the government announced significant changes to ICBs. In order to define our shared vision for VCSE developments in BNSSG in this new context, the approach was adapted to produce a new BNSSG VCSE Vision & Framework for Action. This is the first time we in BNSSG have articulated a vision and way forward for VCSE role and contribution in the health and care system – it is a pragmatic approach that consolidates several years of collaboration and defines a vision and a framework for action, identifying some quick(er) wins and longer-term actions.	
Recommendations:	• To endorse the BNSSG VCSE Vision & Framework for Action (as fulfilment of the ICB Board's decision to co-design a new Healthier Together VCSE Integration Strategy). • To support the establishment of VCSE governance: the new BNSSG Strategic VCSE Group.
Previously Considered By and feedback:	The co-design of the VCSE Vision was co-ordinated by a working group of system partners, including representation from the VCSE Alliance, local authorities, locality partnerships, Sirona and primary care.

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Management of Declared Interest:	There are no known conflicts of interest in the structural / strategic developments described in this paper.
Risk and Assurance:	Some VCSE-related risks have been identified through our ongoing collaboration, including: • Risk of impact on or loss of established relationships if competitive processes result in change of partner/provider. • Risk of decreased confidence in collaboration and co-design with focus on commissioning future provision. • Risk of fragmentation and cohesion with different 'lots'. • Risk of differing levels of VCSE maturity and readiness. These risks relate mostly to the recent commissioning intentions. As part of the strategic work, a new VCSE-related Risk Register is under development and we continue to collaborate on understanding and mitigating risks. It is anticipated that the VCSE-related Risk Register will report into relevant governance: VCSE Alliance Steering Group and Community HCIG.
Patient and Public Involvement:	As this paper describes a strategic development for VCSE inclusion, at this stage there are no direct implications for patients and public.
Financial / Resource Implications:	The VCSE Vision describes a direction of travel – activities to be developed further over the coming period. As such, there are limited direct financial / resource implications of this paper; the implementation of commissioning intentions (Proactive Care Fund £250,000pa allocation to VCSE developments) will be informed by the VCSE Vision and NHS policy/structural changes.
Legal, Policy and Regulatory Requirements:	The VCSE Vision is part of the current NHSE requirements for the integration of VCSE into ICSs and is in the changing context, including the 10 Year Health Plan, Model ICB Blueprint, procurement changes, the Civil Society Covenant and draft Strategic Commissioning Framework.
How does this impact on health inequalities, equality and diversity and population health?	Our overall approach is informed by the need for equitable approaches to ensure the inclusion of diverse VCSE organisations (that are created and led by people from excluded communities). By intentionally designing to include micro/small, equalities-led and hyper-local VCSE organisations, we will achieve inclusion and diverse provision – as relates to the 'triple aim' duty[1]. This will improve diverse community wellbeing/health outcomes and will produce insights, intel and data about what works best for diverse communities, which will shape the ICS Strategy, policies and practice. Ultimately, communities will be served by activities that address prevention and health inequalities in those communities – i.e. Prevention and Health Inequalities Priority 4: accelerate preventative programmes.

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[1] Source: Health and Care Act 2022 (sections 13NA, 14Z43, 26A and 63A).

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Communications and Engagement:	The VCSE Vision has been developed through engagement with diverse VCSE organisations, VCSE Lead Locality partners, local authorities, VCSE infrastructure organisations, health programmes and clinical groups.
Author(s):	Mark Hubbard – VCSE Lead, ICB.
Sponsoring Director / Clinical Lead / Lay Member:	Deborah El Sayed, Chief Transformation & Digital Officer, ICB.

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Note on the structure of this paper

This paper addresses the further development of the role of the VCSE sector in our changing system. It recognises that the VCSE role is to serve people and communities and aims to consolidate VCSE integration into emerging approaches, including Neighbourhood Health, Healthier Together 2040 and the Darzi three shifts. It presents the BNSSG VCSE Vision, goals and actions as the stepping stones toward fully embedded VCSE contribution to health and wellbeing in neighbourhoods and communities.

It includes summaries of the **significant progress with VCSE integration** (section 1) –

- VCSE Alliance – an inclusive, representative structure that enables discussions with the VCSE sector to inform policy/ strategy and contact with the diverse sector
- VCSE Alliance Ambassadors – a large network of diverse VCSE leaders providing diversity of thinking and community expertise in system developments
- VCSE Brokerage Framework – a new procurement route to diverse VCSE market to enable neighbourhood organisations to deliver in communities and strategic commissioning
- Maturing VCSE-ICS relationships across the system

Section 2 summarises the **changing context** and links 10 Year Health Plan, Neighbourhood Health, Model ICB Blueprint with VCSE roles and opportunities, enabled by procurement changes and the new strategic commissioning framework.

The proposed new **VCSE Vision and Framework for Action** (section 3) articulates for the first time the direction of travel for VCSE developments in the system so that VCSE organisations are co-creators of a healthier, fairer future and are at the heart of everything we do.

1 Progress over the last year

This section includes highlights of the progress made with VCSE developments in our health and care system. Such progress has been enabled through our effective collaborations on strategic and operational developments, shared commitments to do-design and implementing the VCSE Integration Principles, and our shared commitments to collaborative behaviours and investing in relationships and partnerships.
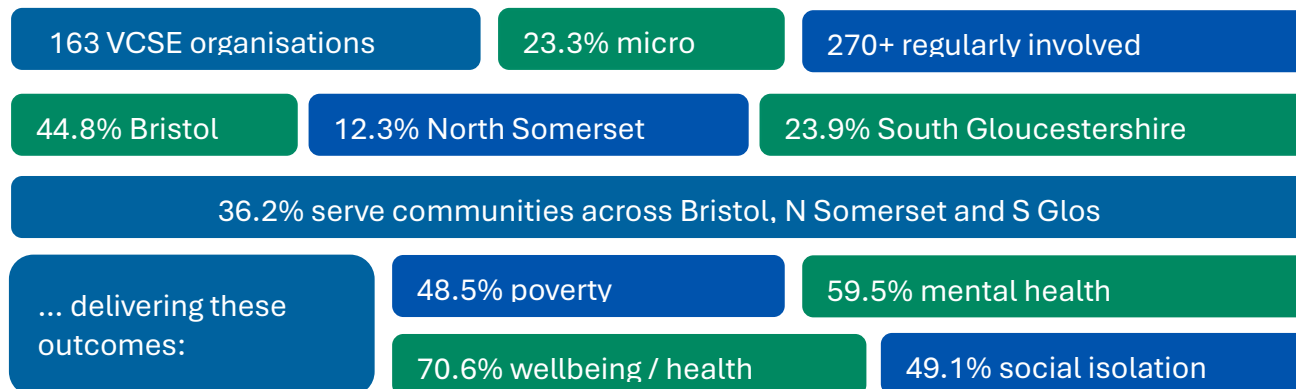
1.1 VCSE Alliance

The BNSSG VCSE Alliance is now well established, thanks to the ongoing commitment of VCSE partners and leaders, with financial support from the ICB. The Alliance aims to

- Encourage and enable the VCSE sector to work in a coordinated way to inform policy, strategy and decision making.
- Provide the NHS & health and social care colleagues with a simple route of contact, engagement, and links to community.
- Better position the VCSE sector to contribute to the design and delivery of integrated care.

Since its formal launch in January 2024, the Alliance has grown from strength to strength. It is the largest VCSE partnership in BNSSG and includes 163 VCSE organisations (as formal members) and 270+ as regular participants. The VCSE Alliance is the VCSE

sector's answer to system partners' questions about **how to engage with and include VCSE in system developments**.

163 VCSE organisations	23.3% micro	270+ regularly involved

44.8% Bristol	12.3% North Somerset	23.9% South Gloucestershire

36.2% serve communities across Bristol, N Somerset and S Glos

... delivering these outcomes:	48.5% poverty	59.5% mental health
	70.6% wellbeing / health	49.1% social isolation

"We are proud of the long standing and positive working relationship we have established together. Our collaborative partnership has delivered innovative work, in a relatively short period of time, that is benefiting the communities across our regions. We recognise the ICB's role in championing system wide collaboration and are appreciative of the openness to working in new ways with the Alliance, and our Ambassadors."
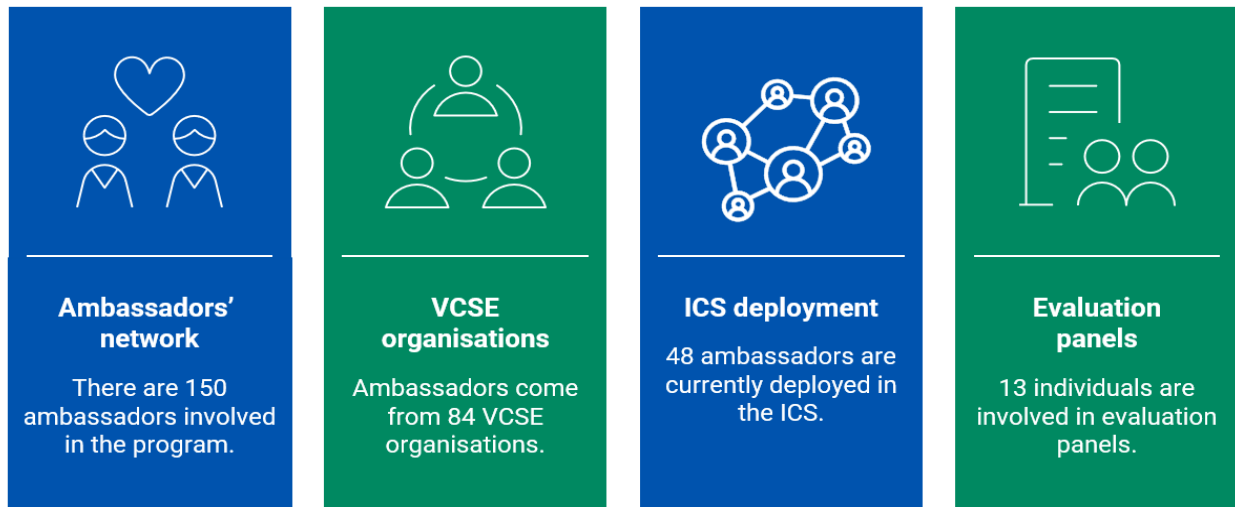VCSE Alliance Steering Group

The ICB's investment in the VCSE Alliance has been through an annual grant to support its establishment. Commissioning intentions shared with system partners over April/May 2025, included the proposed long-term investment in the important role and function of the VCSE Alliance. The proposals are supported by system partners and arrangements are developing to achieve the long-term investment in the VCSE Alliance as a system enabler.

1.2   VCSE Alliance Ambassadors
The Alliance's Ambassadors' network provides the answer to the commonly asked question: **'how and who from the VCSE sector could we invite to our discussions?'**

VCSE Alliance Ambassadors are VCSE leaders that want to support health and care developments in our system on behalf of the people and communities served by their diverse organisations. They bring diversity of thought and close connection to communities that system partners can struggle to reach.

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Ambassadors' network	VCSE organisations	ICS deployment	Evaluation panels
There are 150 ambassadors involved in the program.	Ambassadors come from 84 VCSE organisations.	48 ambassadors are currently deployed in the ICS.	13 individuals are involved in evaluation panels.

Ambassador deployment continues to expand out across the ICS, including recruiting 6 VCSE Ambassadors to the Bristol NHS Group's new Community and Participation Group:

"We're incredibly excited about the Alliance's approach — the more we've learned, the more convinced we are that this is exactly how we should be working. It has enabled us to broaden involvement opportunities to better reach grass roots organisations who we would have struggled to reach and it's fantastic to see them represented. They are exactly the kind of organisations that need to be involved. The combination of sector-wide advocacy and personal, community-level connections is a real strength of the Alliance and gives us hope and confidence that we can build a genuinely diverse and impactful group."
University Hospitals Bristol and Weston NHS Foundation Trust

Examples of system boards, committees and groups, include:

- BNSSG Care Provider Group
- BNSSG Healthy Weight Declaration Working Group
- BNSSG ICS People Committee
- BNSSG Strategy Network
- Chronic Obstructive Pulmonary Disease (COPD) Service Procurement Panel
- Community Collaborative Delivery Group
- Community First Operational Delivery Group
- Healthier Together 2040 steering group
- High Intensity User (HIU) group
- ICB Board
- ICB Information Governance Committee
- Long Term Conditions sub-group: Cardiovascular Disease in Black African and Black Caribbean groups
- Strategic Health Inequalities, Prevention and Population Health (SHIPPH) Committee
- Women's Health Steering Group
- WorkWell Steering Group
- and many more

Participation on this scale has been enabled by a test-and-learn Inclusion Fund – see section 3.2 for future development of this equitable practice.

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1.3   VCSE Brokerage Framework

Our continuing work on the VCSE Brokerage Framework is built on VCSE sector ambitions to deliver impact for their communities and evidence of VCSE experiences of commissioning and procurement.

The VCSE Crown Representative, for example, highlights significant barriers for smaller VCSE organisations to providing public services relating to public procurement:

- *"The ability and willingness of VCSE organisations to participate in procurement can be impacted by a range of factors such as size and alignment of their purpose with procurement criteria."*
- *"The size of the charity is a major determinant for the level of engagement with procurement. In the most recent year (2020), two-thirds of income (£6.2bn) from government contracts was secured by charities earning in excess of £10m despite these charities only representing a group of just over 500 providers (6% of VCSEs currently engage with procurement)."*
  and
  "Large charities dominate public contracts where we see an over-reliance on charities with a national reach, who can consistently franchise into new communities and are first in line for public funding regardless of track record of local impact." Centre for Social Justice Foundation

VCSE Brokerage is a co-design between the VCSE Alliance, ICB and system partners – the intention being to create a route to diverse VCSE market so that VCSE organisations can deliver wellbeing/health outcomes in communities that experience inequality and disadvantage. This new approach to procurement with the VCSE sector is co-designed to address the following problem statements.

Micro and small VCSE organisations (most of the sector) are not commonly included in large scale public procurement processes for health-related services.
Most of the VCSE sector income from government contracts goes to a few large VCSE organisations.
Micro and small VCSE organisations struggle to engage with prime bidders.
Many different procurement/contract processes create administrative burdens and disadvantages micro and small VCSE organisations (known as systemic inequality).

The first tranche of wellbeing/health programmes (Communities Against Cancer; CYP Wellbeing – North Somerset; Prediabetes South Bristol; Work Well West) were selected to test the process. These involved pooled funds from diverse system partners (North Somerset Council, Sirona, Bristol City Council, 4 Locality Partnerships, WECA, ICB) and have both reduced resource/admin demand in the public sector and presented fewer processes for diverse VCSE organisations to navigate. VCSE Brokerage has enabled significant results for these wellbeing/health programmes.

Healthier Together
Improving health and care in Bristol,
North Somerset and South Gloucestershire

NHS
Bristol, North Somerset
and South Gloucestershire
Integrated Care Board

Significant VCSE interest - 150+ diverse VCSE organisations, of which 40% are micro or small

System efficiency - joint commissioning across system partners, reducing resource demand for commissioners and providers

Demonstrable VCSE capacity and potential - 56 proposals worth 2.7x budget

Inclusion of new organisations - 62% of 25 awards to new suppliers; 96% of awards through grants

"During the initial conception of BNSSG WorkWell programme we understood that we needed to utilise the VCSE sector to support an increased number of individuals seeking work and health support. VCSE Brokerage was seen as the primary route to commission suitable provision in a timely fashion that empowered organisations to be innovative, collaborative, utilise local expertise and patient focused. The Brokerage process enabled the programme to deliver a procurement exercise significantly faster than standard procurement, with increased support from the team and with less complexity. I would recommend a Brokerage first approach to commissioning activity."
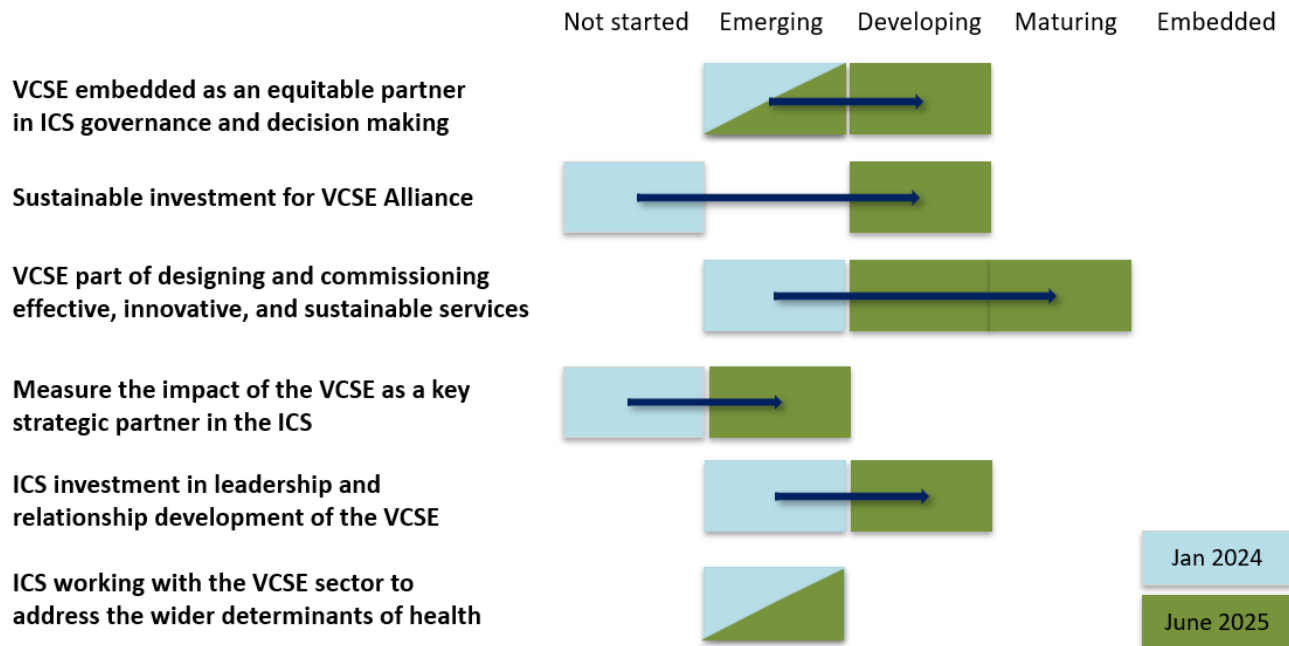
Laurence Ross
Work Well West Programme Manager

The VCSE Brokerage approach is being further tested during 2025/26 with the following wellbeing/health programmes:

- Smokefree BNSSG
- Healthy Ageing Research Project (N&W Bristol)
- Mental Health Peer Support (North Somerset)
- Work & Health (formerly known as WorkWell West)
- Perinatal support (tbc)

The ICB's investment in the VCSE Brokerage Framework has been through an annual grant in its co-designed, developmental period. Commissioning intentions shared with system partners over April/May 2025, included the proposed long-term investment in the important role and function of the VCSE Brokerage Service. The proposals are supported by system partners and arrangements are developing to achieve the long-term investment in the VCSE Brokerage Service as a system enabler.

1.4   VCSE-system relationships

The VCSE vision has been developed through the use of the NHSE Quality Development Tool – a maturity matrix for VCSE developments. Stakeholders indicate significant progress in several areas of VCSE-system relationships over the last two years.

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	Not started	Emerging	Developing	Maturing	Embedded

VCSE embedded as an equitable partner in ICS governance and decision making

Sustainable investment for VCSE Alliance

VCSE part of designing and commissioning effective, innovative, and sustainable services

Measure the impact of the VCSE as a key strategic partner in the ICS

ICS investment in leadership and relationship development of the VCSE

ICS working with the VCSE sector to address the wider determinants of health

Jan 2024

June 2025

In summary, there have been significant shifts in our collaboration with the VCSE sector between January 2024 and June 2025:

- VCSE embedded as an equitable partner in ICS governance and decision making – shift from Emerging to Developing
- Sustainable investment for VCSE Alliance – shift from Not Started to Developing
- VCSE part of designing and commissioning effective, innovative and sustainable services – shift from Emerging to Maturing
- Measure of the impact of the VCSE as a pay strategic partner in the ICS – shift from Not Started to Emerging
- ICS investment in leadership and relationship development of the VCSE – shift from Emerging to Developing ICS working with the VCSE sector to address the wider determinants of health – still Emerging.

2 Changing context for VCSE contribution / role / integration

Since the last VCSE paper to the ICB Board (July 2024), there have been significant changes to public policy and the context for VCSE integration in the health and care system. The following summaries describe opportunities in some policy changes to build on the role and function of the VCSE sector – as system enabler and contributor.

As news on changes is forming and iterative, the thinking on VCSE contribution / role / integration includes these **assumptions**:

- Strategic commissioning includes many disciplines that need VCSE involvement in design, delivery and evaluation.
- Good progress with VCSE integration has been made in BNSSG and more is needed.
- Engagement with and inclusion of diverse VCSE needs proactive, equitable, enabling approaches and leadership.

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- Diverse VCSE organisations will be needed in design and delivery of shifts from hospital to community and treatment to prevention, including Neighbourhood Health.
- Decreased ICB capacity will create greater need for other system partners, including VCSE sector.
- Shifts to community and prevention are more social model than medical model and therefore need non-medicalised thinkers.
- VCSE has untapped potential – reach into, intel from and trusted relationships with excluded communities; wider determinants of wellbeing/health; fundraising potential/inward investment; volunteering.
- BNSSG and Gloucestershire approaches to collaborating with the VCSE sector will need to align and build on strengths.

2.1 Summary of policy changes and relevance to VCSE integration

Key points relating to VCSE integration are summarised as follows. Details are included in the appendix, which provides commentary and insight relating to the role and contribution of VCSE sector in the changing health and care system.

Strengths / positives for VCSE integration	Opportunities to enhance VCSE roles

Shift to Neighbourhood Health

🎯 Strong VCSE role in design and delivery

💡 Needs VCSE Alliance for inclusion of non-place-based community organisations.

10 Year Health Plan

🎯 Recognises VCSE delivery role in neighbourhoods, prevention, personalisation and community care.

💡 Opportunities to enhance VCSE roles: insights/local context; forming local strategies; service evaluation; strong local connections with BNSSG VCSE community assets; patient/ community voice; volunteering national platform (to retain local connection).

Model ICB Blueprint

💡 VCSE needed in co-design of: core payer function; transfer to neighbourhoods; EPPR; R&D; data management.

🎯 Strong VCSE roles: PHM; prevention; strategy/ planning; health inequalities; neighbourhood health; user involvement; evaluation/ insights; strategic partnerships; governance

Civil Society Covenant [VCSE]

💡 Barriers to address: co-design and co-production; collaborative commissioning; inherent VCSE social value; long-term funding.

🎯 Strong government commitment to "remarkable VCSE organisations that form the backbone of our communities."

Healthier Together
Improving health and care in Bristol,
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NHS
**Bristol, North Somerset
and South Gloucestershire**
Integrated Care Board

Procurement changes

"The Government wants to ... give SMEs and VCSEs greater access to public contracts."
New target spend with SME and VCSEs in public procurement.
New approaches to social value co-designed with VCSE/ suppliers.

Strategic Commissioning Framework

Opportunities to enhance VCSE roles through co-design: appropriate scale decision framework; equity in market development; collaboration in commissioning; contractual forms and payment mechanisms; community / social model leadership; VCSE as conduit for service user/ community insights; decommissioning decisions.

Strong roles for VCSE: starting to differentiate through cycle; insights/ intel in local context and strategy; diverse VCSE delivery; VCSE conduit to people/ SUs in evaluation.

It should be noted that the progress made in our collaboration with the VCSE sector is built upon relationships and trust, and that the pace and scale of change may not match with VCSE sector capacity for involvement. There is a risk, therefore, that rapid changes and developments in the system do not fully include diverse VCSE partners, particularly in the transition to the merged ICB; this risk is mitigated somewhat by the foundations of the VCSE Alliance (and plan to embed it as a system enabler) and connections and relationships with VCSE partners.

The **detailed commentary and insight** relating to the role and contribution of VCSE sector in the changing health and care system in included in the appendix. Contents of the appendix:
- Shift to Neighbourhood Health
- 10 Year Health Plan
- Model ICB Blueprint
- Civil Society Covenant
- Procurement changes
- SME and VCSE procurement spend targets (PPN001)
- Consultation: Growing British industry, jobs and skills - consultation
- Strategic Commissioning Framework (draft)

To read the detailed commentary, click here:

VCSE+NHS-policy-changes-MarkHubba

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3   VCSE Vision and Framework for Action

Since the ICB Board's decision to co-design a new Healthier Together VCSE Integration Strategy, the many changes in our system underline the need for clarity about the role and contribution of the diverse VCSE sector. It is evident from section 2 that the roles that VCSE organisations are threaded throughout current and future developments.

The VCSE Vision and Framework for Action describe the progress made with building our partnership and embedding VCSE organisations in our health and care system, and sets out the direction of travel that is responding to NHS/policy changes so that VCSE organisations are co-creators of a healthier, fairer future and are at the heart of everything we do.

3.1   VCSE Vision – at a glance

VCSE Vision

Our vision is a system where health creation and equity emerge from trusted, inclusive partnerships, where VCSE organisations are valued as co-creators of a healthier, fairer future and are at the heart of everything we do – from culture, planning and decision-making to delivery, learning, innovation and improvement.

Goal 1. A system **culture** rooted in mutual respect, that values people, relationships and learning alongside outcomes.

Goal 2. System **planning** supported by strong, sustainable, inclusive VCSE collaborations that strengthen wellbeing and health in the system.

Goal 3. Governance and **decision-making** that values communities (place, practice and identity), reflects diversity and shares power to improve outcomes for all.

Goal 4. Equitable investment and input in design and **delivery** of support and services through co-production and VCSE organisations embedded in every stage of the commissioning cycle.

Goal 5. Data, insight and **learning** from VCSE organisations drives **innovation** and continuous **improvement** in the system.

Under each of these goals are some aspirations for what we want the goal to mean, as well as a menu of possible practical actions.

3.2   Example: an achievable action that could be prioritised for high impact

The following example illustrates the type of action that would lead to inclusion of diverse VCSE organisations. Under Goal 2, this action relates to the reimbursement of VCSE leaders for their participation in system activities:

Action: Co-design and agree a system-wide approach and policy for reimbursement of VCSE participation – with parity to others, e.g. people with lived experience and system partners.

Principle	The ICS benefits from the participation of VCSE leaders in system strategies, policies and practice.
Problem statement	VCSE organisations are invited to give time and expertise; requests do not acknowledge the financial cost to VCSE organisations.
Impact	Commentary: issues of respect and valuing VCSE contribution; lack of parity with other stakeholders; this effectively prioritises large VCSE organisations and reduces diversity of voice and community representation (a manifestation of systemic inequality).
As is	• Reimbursement for VCSE time and expertise is not commonplace or standardised. • Some examples of good practice (VCSE inclusion and remuneration): Women's Health Steering Group; NHS Bristol Group's Community and Participation Group; Smokefree BNSSG's evaluation panel. • Growing requests for VCSE participation – increasingly standardised through VCSE Alliance's Ambassadors' network.
Evidence	Summary learning[2] from the trial of the VCSE Alliance's Inclusion Fund to enable diverse VCSE participation in the system: • 408 claims from 54 VCSE organisations • 33% micro and smaller organisations • 308 ½-days, 100 full days *"As a community organisation we get asked a lot to impart our knowledge for free. This process made me feel valued as a VCSE organisation and it also meant I could build capacity around my week knowing that our time would be reimbursed."* A VCSE Alliance Ambassador
Enabling NHS policy	*Working with our patient and public voices (PPV) partners: Reimbursing expenses and paying involvement payments (NHS PAR869)*
To be	Standardised practice and remuneration for VCSE participation. Options appraisal to include: new policy; enhance existing practice; incorporate into standard contracts, grants and programmes.

3.3   Next steps

The further development of the VCSE Vision and our partnership will take place in a changing environment and the imminent merger with Gloucestershire ICB. As such, next steps and implementation will flex to the changes in the system to ensure that VCSE developments make positive contributions to strategic commissioning and the three Darzi shifts.

Next steps include:
- **Prioritise some practical actions** to further develop our practice and embed our partnership approach with VCSE sector across the system. Prioritisation will be informed by assessment of:

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[2] Review of the BNSSG VCSE Alliance Inclusion Fund (January 2024 to June 2025)

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- o Impact – relating to 10 Year Health Plan and shifts to neighbourhoods and communities.
        - o Benefits – to population health and health inclusion groups (and the VCSE organisations made by those communities).
        - o Inclusion / equity – to ensure positive action to include VCSE organisations with deep reach and trusted relationships with excluded communities.
        - o Resources needed for implementation.
- **Develop the new BNSSG Strategic VCSE Group** to provide strategic oversight and system governance for VCSE developments in our system and, subsequently, the merged organisation.
- **Engage with system partners** to collaborate effectively, and **with Gloucestershire colleagues** to build on achievements, align plans and progress with VCSE developments across the wider footprint.

4   Appendix – policy changes and relevance to VCSE integration

The **detailed commentary and insight** relating to the role and contribution of VCSE sector in the changing health and care system in included in the appendix. Contents of the appendix:

- Shift to Neighbourhood Health
- 10 Year Health Plan
- Model ICB Blueprint
- Civil Society Covenant
- Procurement changes
- SME and VCSE procurement spend targets (PPN001)
- Consultation: Growing British industry, jobs and skills - consultation
- Strategic Commissioning Framework (draft)

To read the detailed commentary, click here:

VCSE+NHS-policy-c
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Appendix – policy changes and relevance to VCSE integration

Author: Mark Hubbard, VCSE Lead

Summary

Key points relating to VCSE integration are summarised as follows. These provide commentary and insight relating to the role and contribution of VCSE sector in the changing health and care system.

Strengths / positives for VCSE integration	Opportunities to enhance VCSE roles

Shift to Neighbourhood Health

Strong VCSE role in design and delivery

Needs VCSE Alliance for inclusion of non-place-based community organisations.

10 Year Health Plan

Recognises VCSE delivery role in neighbourhoods, prevention, personalisation and community care.

Opportunities to enhance VCSE roles: insights/local context; forming local strategies; service evaluation; strong local connections with BNSSG VCSE community assets; patient/ community voice; volunteering national platform (to retain local connection).

Model ICB Blueprint

VCSE needed in co-design of: core payer function; transfer to neighbourhoods; EPPR; R&D; data management.

Strong VCSE roles: PHM; prevention; strategy/ planning; health inequalities; neighbourhood health; user involvement; evaluation/ insights;

Civil Society [VCSE] Covenant

Barriers to address: co-design and co-production; collaborative commissioning; inherent VCSE social value; long-term funding.

Strong government commitment to "remarkable VCSE organisations that form the backbone of our communities."

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Procurement changes

🎯 "The Government wants to ... give SMEs and VCSEs greater access to public contracts."
New target spend with SME and VCSEs in public procurement .
New approaches to social value co-designed with VCSE/ suppliers.

Strategic Commissioning Framework

💡 Opportunities to enhance VCSE roles through co-design: appropriate scale decision framework; equity in market development; collaboration in commissioning; contractual forms and payment mechanisms; community / social model leadership; VCSE as conduit for service user/ community insights; decommissioning decisions.

🎯 Strong roles for VCSE: starting to differentiate through cycle; insights/ intel in local context and strategy; diverse VCSE delivery; VCSE conduit to people/ SUs in evaluation.

This appendix provides commentary and insight relating to the role and contribution of VCSE sector in the changing health and care system. It should be noted that the context is rapidly changing and that this analysis may need to be updated over time. It should also be noted that the progress made in our collaboration with the VCSE sector is built upon relationships and trust, and that the pace and scale of change may not match with VCSE sector capacity for involvement. There is a risk, therefore, that rapid changes and developments in the system do not fully include diverse VCSE partners, particularly in the transition to the merged ICB; this risk is mitigated somewhat by the foundations of the VCSE Alliance (and plan to embed it as a system enabler) and connections and relationships with VCSE partners.

Contents of the appendix
- Shift to Neighbourhood Health
- 10 Year Health Plan
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- Consultation: Growing British industry, jobs and skills - consultation
- Strategic Commissioning Framework (draft)

1.1 Shift to Neighbourhood Health
The recent National Neighbourhood Health Implementation Programme process has produced three expressions of interest. The process for developing these EOIs was ambitious and sought to build on existing collaboration and approaches in localities and partnership settings. As we embark on the development of Integrated Neighbourhood

Health and Care Plans, we are collaborating to support the contribution of the VCSE Alliance in neighbourhood work. The EOIs from South Bristol and Woodspring were approved.

Point to note. VCSE organisations work across different locations and different communities. Membership of the VCSE Alliance includes 36.2% operating across BNSSG; others more locally (44.8% Bristol; 23.9% South Glos; 12.3% North Somerset) and many are of and serve dispersed communities of practice and identity. Some place-based VCSE organisations are involved in place-based structures, such as the locality partnerships; non-place-based VCSE organisations, many of which serve target communities, are not commonly involved in place-based structures – due to their size and the dispersed nature of those communities. ***One of the unique offers of the VCSE Alliance is that it provides the only structure in the system for engaging with VCSE organisations of dispersed communities of practice and identity – the VCSE Alliance must, therefore, be actively involved in Neighbourhood Health.***

1.2   10 Year Health Plan

The VCSE sector is recognised as a crucial partner in achieving the goals of the new plan, particularly in delivering care within communities and promoting preventative health initiatives. VCSE sector partners[1] recognise the "plan's commitment to prevention, personalisation, and community-based care" and:

- "The plan explicitly acknowledges the role of civil society and third sector organisations as essential partners in delivering health outcomes."
- "The emphasis on prevention and the expansion of personal health budgets presents a significant opportunity for VCSEs to deliver tailored, community-led services."
- "The VCSE sector is uniquely placed to reach those most at risk of exclusion and inequity."
- "The VCSE sector platforms the voices of people with lived experience and is experienced in genuine co-design of services with people."
- "We welcome the move to multi-year funding settlements, which will enable investment in VCSE services to be recurrent and sustainable."
- Re digital and technology, "we welcome the recognition that VCSE services and data must form part of the single shared care record in the future."
- "…a future focus on 'money following the person' our sector will need to think through how it charges for services and consider how we better understand the unit cost of services to ready ourselves for a spot purchasing arrangement."
- "The voluntary sector already plays a key role in the future landscape of health and care as envisioned in the 10-Year Health Plan, building on existing partnerships between VCSE and NHS organisations. According to 'Fit for the Future', this includes:
  - Supporting people newly diagnosed with long-term conditions.
  - Providing services like debt advice and employment support co-located in Neighbourhood Health Centres
  - Supporting people's health and wellbeing through social prescribing, increasingly via digital routes in the future MyCare app

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[1] Emma Rowse, Cornwall Voluntary Sector Forum; ALLiance42 – VCSE Alliances shaping health and care.

- o Strengthening public trust and uptake of childhood vaccinations
- o Driving innovation that support healthier lives
- o To co-fund clinical research roles in the NHS"

VCSE partners has **concerns** about some of the changes described in the plan:

- "We are deeply concerned at the abolition of Healthwatch and the proposal to bring this work into the ICB and Council. It is difficult to see how an organisation that commissions the services can also be the organisation that can truly be impartial about its quality and people's experience. We would advocate for the Healthwatch function to be maintained outside of statutory sector bodies and suggest the VCSE remain the right place for this function."
- [the move to a national volunteering platform] "is a backward step reducing the focus on local, experienced volunteering organisations."
- Social value – "In a context of constrained NHS budgets, strategically partnering with the VCSE sector is key to achieving the greatest possible impact and value for money. The evidence is clear: for every £1 invested in the VCSE sector, there is at least a £3.50 return in social and economic value. This is strategic commissioning for social value and development."
- There is concern that the inclusion of VCSE in larger scale ICB/Ss will be dominated by national/larger VCSE organisations, reinforcing and exacerbating ongoing systemic inequalities for smaller, micro and hyper-local VCSE organisations. For example[2]: "The centre – which will increasingly be the Department of Health and Social Care as NHS England is abolished – will form partnerships with voluntary organisations."

ALLiance42 – the national collaboration of 42 VCSE Alliances – makes some specific requests that will support the role and contribution of VCSE sector in changing NHS/ICS context:

Time to accelerate the local transformation we have pioneered in ICSs: A statement from England's 42 ICS-VCSE Alliances on the 10-Year Health Plan

10 July 2025

1. We call on DHSC and NHSE to support ICS-VCSE Alliances as the partnership infrastructure which can mobilise the resources of the local voluntary sector (VCSE) behind the ambitions of the 10-Year Health Plan.
2. We call for a designated ICB Board-level executive with strategic responsibility for VCSE partnerships across all ICBs.
3. We will work with the new ICBs to secure or renew funding for the ICS-VCSE Alliances for the full three financial years period from 2026-30.

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[2] How charities can help support the 10-Year Health Plan | HSJ Interactive | Health Service Journal

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1.3 Model ICB Blueprint

There are many functions described in the Model ICB Blueprint that would benefit from active VCSE involvement. The following table highlights VCSE active involvement in the new Glos+BNSSG ICB (new BAU) and in different parts of the ICS (transition arrangements).

ICB – Grow	ICB – Retain and Adapt	Review for transfer – to providers	Review for transfer – to regions or national	Review for transfer – out of ICBs
• Population health management. • Epidemiological capacity to understand causes and prevent. • Strategy and strategic planning. • Health inequalities. • Commissioning neighbourhood health. • Commissioning of clinical risk management and intervention programmes. • Commissioning end-to-end pathways. • Core payer functions. • Evaluation and insights. • User involvement. • Strategic partnerships.	• Quality management. • Board governance. • Clinical governance. • Corporate governance. • Core organisational operations. • Existing commissioning functions.	• Local workforce development. • Green plan and sustainability. • Digital and technology leadership. • Medicines optimisation. • Pathway and service development programmes. • Estates and infrastructure strategy. Transfer to neighbourhood health providers • Development of neighbourhood and place-based partnerships. • Primary care operations and transformation.	• Oversight of provider performance. • Emergency Preparedness, Resilience and Response. • High level strategic workforce. • Research development and innovation. • Data management.	• Infection prevention and control. • Safeguarding. • SEND. • NHS Continuing Healthcare. • General Practice IT.

1.4 Civil Society Covenant

In July 2025, the UK government published the new Civil Society Covenant[3] – "a new chapter in the relationship between this government and the remarkable civil society organisations that form the backbone of our communities." Its purpose is to "tackle the deep-seated challenges of our time, we need a new model of partnership between civil society and government."

"The Covenant will create an environment in which civil society is respected, supported and listened to by government, both when working in partnership with civil society and independently, when civil society is holding government to account."

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[3] Civil Society Covenant - GOV.UK

Recognition and value	• Respect for independence and legitimacy • Recognition of value, role and different perspectives, including: ○ Government recognises the value of civil society's economic and social contributions, including …their ability to build cohesive, inclusive communities. • Understanding responsibilities and constraints
Partnership and collaboration	• Early, regular and ongoing engagement, including: ○ Civil society draws on its strengths, including its expertise in representing the interests of the people or causes it has been established to support, acting strategically by engaging early, sharing evidence, insights, and expertise wherever resources allow, throughout the policy cycle. • Creating the conditions for collaboration and innovation, including: ○ Government and civil society work together to prioritise preventative interventions and take a long term view to tackle challenges and realise opportunities. • Addressing barriers to delivery in partnership, including: ○ Government supports collaborative commissioning and procurement models, recognising the inherent social value civil society brings, offering flexibility to achieve outcomes, ensuring proportionate monitoring and providing adequate funding to achieve the required outcomes. ○ Government builds and encourages partnerships based on long term funding arrangements where possible, recognising that sustainable partnership working is vital to working jointly on long term issues.
Participation and inclusion	• Enable diversity, equity and inclusion, including: ○ Government works with civil society to ensure all relevant groups are represented in policy-making, through whichever method is most appropriate, particularly those who may experience barriers or exclusion, and listens to those impacted by decisions. • Engaging citizens and communities in decision making and delivery, including: ○ Government and civil society work together on the ambition to co-produce solutions with those communities and citizens that are most affected. • Removing barriers to active participation to build a healthy democracy and community resilience. Including: ○ Government and civil society work together to facilitate and create the conditions for active participation in society, such as volunteering or social action, to build community capacity, social cohesion and resilience.
Transparency and data	• Engage in open, honest and transparent communication • Make evidence and data publicly available • Improve data development, including:

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	o Civil society and government work together to improve data collection across civil society and government, recognising the data and evidence challenges that civil society organisations can face and being informed by a range of different evidence sources and insights.

The principles in the Covenant apply to government departments, strategic authorities, English local authorities and wider public sector bodies, including NHS organisations and partnerships, such as Integrated Care Systems.

1.5 Procurement changes

Recent and anticipated changes to UK procurement will help to create the environment in which VCSE organisations are enabled to deliver, particularly in the health and care system.

1.5.1 SME and VCSE procurement spend targets (PPN001)

This Public Procurement Note sets out the requirements on all central government departments (including executive agencies and non-departmental public bodies) to set a three year target for direct spend with SMEs (from 1 April 2025) and a two year target for direct spend with VCSEs (from 1 April 2026) and report results annually.

The PPN states that "Other contracting authorities may choose to apply the approach set out in this PPN. However, for the avoidance of doubt, this PPN does not apply to NHS trusts and foundation trusts or to contracting authorities whose functions are devolved or mainly devolved functions of Scotland, Wales or Northern Ireland."

1.5.1.1 Consultation: Growing British industry, jobs and skills - consultation

During June-August 2025, the government consulted on proposed changes to procurement that build on the PPN001 and approach to social value. There are some helpful elements in this government consultation, especially for VCSE sector in procurement processes across public sector. Highlights include:
- Annual government £385 billion spend is a powerful lever for change
- "Small businesses are the lifeblood of our communities and play an essential role in delivering growth – 99.8% of businesses in the UK are small businesses and they employ over 60% of the British workforce… **increasing spend with small and medium-sized enterprises (SMEs) and voluntary, community, and social enterprises (VCSEs) is a key lever for economic growth.**"
- "**The Government wants to … give SMEs and VCSEs greater access to public contracts.**"

Changes proposed that are positive for VCSE integration
- Requiring large contracting authorities that spend more than £100m per year to publish 3-year target spend with SMEs and VCSEs – this would require classification of all spends to VCSE so that we can understand total VCSE contracts/grants – the lack of available information about public procurement spend with VCSE has been a challenge for a long time and these changes should be welcomed.

- Removing the threshold for reporting VCSE spend – this would mean all spends with VCSE have to be reported.
- Excluding suppliers from bidding (contracts >£5m/pa) if they cannot evidence prompt payment in supply chain – this would be better for VCSE if it applied to all contracts.
- New social value criteria and metrics 'to be co-designed with the public sector and suppliers'.

The requirement for large contracting authorities to publish the three-year target for spend with VCSEs appears to apply to the ICB.

The implementation of the targets for procurement spends with SMEs and VCSEs (and the outcomes of the Growing British Industry consultation) need careful consideration and to be co-developed with representatives of small businesses (e.g. Federation of Small Businesses) and the VCSE Alliance.

1.6   Strategic Commissioning Framework (draft)

The first draft[4] was recently shared with the ICB and the following analysis indicates some positives for VCSE inclusion, as well as aspects that could be strengthened. VCSE Lead's commentary and suggestions included the following.

Aspects that could be strengthened for VCSE integration
- **'Wellbeing and health' to emphasise prevention/wider determinants** – there is a strong focus on health and few mentions of wellbeing; the focus on just 'health' indicates more BAU than transformation. Recommendation: The SCF to adopt a global terminology change to 'wellbeing and health' to emphasise the shift to social model, community and prevention.
- **Including VCSE data/insights/intel alongside PHM data** – there is a strong reliance on system data. As we know that systems have not integrated VCSE data, insights or intel, the focus on data risks the continuation of non-visibility of VCSE expertise in strategic commissioning. Recommendation: The SCF to require systems to proactively incorporate VCSE intel and insights.
- **VCSE inclusion needs positive action for equity** – it is known that the historic approach to commissioning and procurement has not successfully included diverse VCSE organisations. BNSSG's commitment to positive action would be beneficial in the SCF. Recommendation: The SCF to include the need for equitable approaches to commissioning diverse provision and give permission to take positive action to ensure VCSE delivery (e.g. VCSE Brokerage Framework).
- **Purchasing approach vs partnership in complex systems** – the SCF focuses on the commissioning of services and, consequently, reads more as BAU than transformation. Recommendation: The SCF to acknowledge complexity, system humility (that expertise is distributed) and permissions to enable local flexibility and collaboration to address complexity.
- **Supporting joint/delegated commissioning** – the intention to jointly commission and/or delegate to providers needs to be planned, enabling and inclusive. While the localisation of commissioning is good for local decision-making, the proliferation of

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[4] v1.10, August 2025.

different approaches to commissioning/procurement results in VCSE exclusion. <u>Recommendation</u>: The SCF to require system-level enablement of complex sectors (VCSE and social care) through positive action to include smaller organisations so that localised commissioning adopts enabling and equitable practices (e.g. VCSE Brokerage Framework).

- **Different contractual forms and payment mechanisms** – some public sector processes have inadvertently led to VCSE exclusion. Example: payment by results, which effectively required large scale and access to unrestricted funds/finance, leading to exclusion of most VCSE organisations from some public programmes. Current NHS contractual forms are widely perceived to be disproportionate and this affects VCSE inclusion. <u>Recommendation</u>: The SCF to require co-design of new contractual forms and payment mechanisms so that they are viable for diverse VCSE providers.

Guiding principles of strategic commissioning – suggestion to add new principles:
- **Community and social leadership** to ensure sustained focus and commitment to tackling the wider determinants and the social model.
- **Equity and positive action** to ensure strategic commissioning is built on equitable approaches so that design proactively includes fragmented sectors (e.g. social care and VCSE sector) rather than one-size-fits-all.

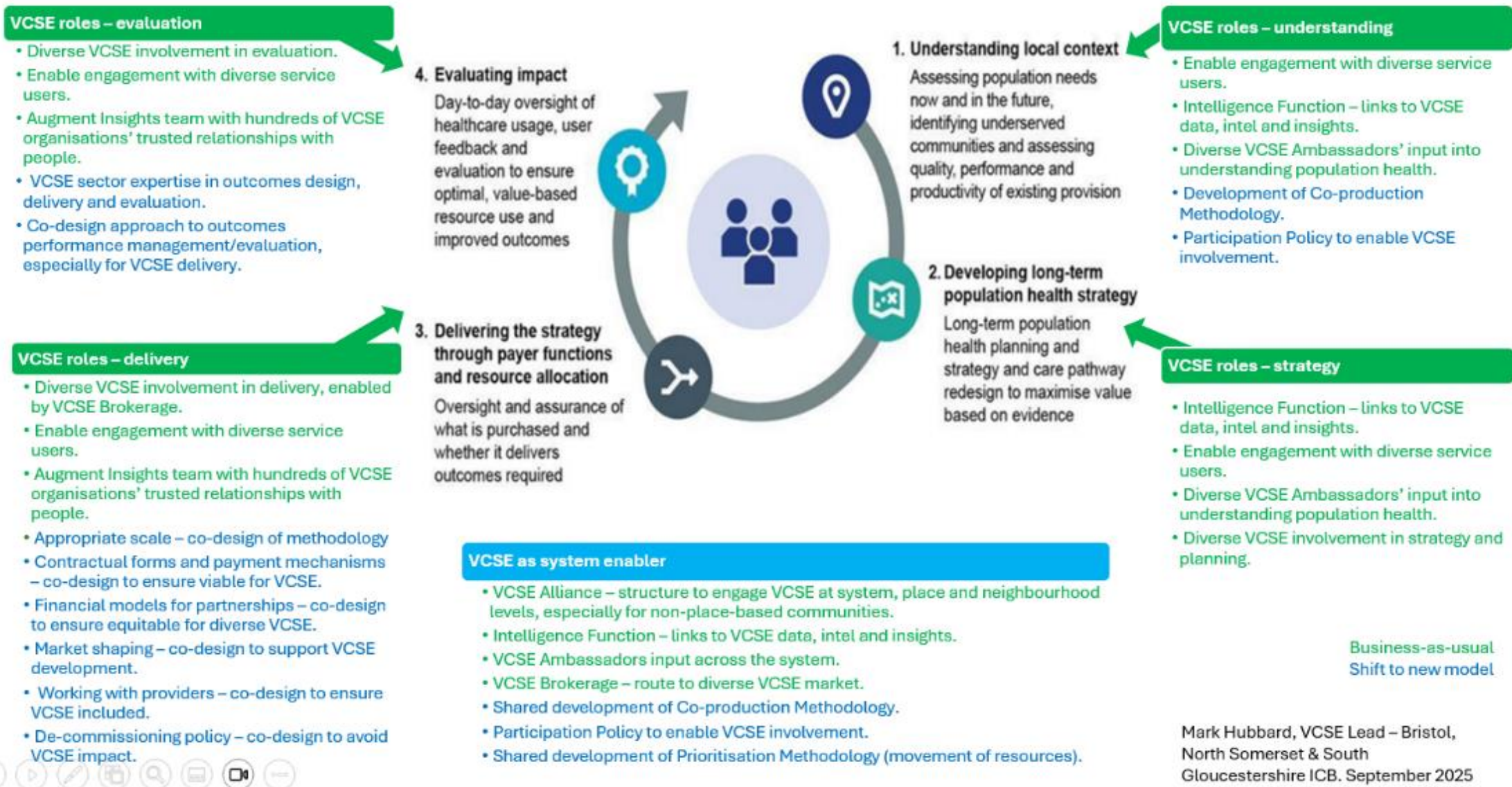**Enablers of effective strategic commissioning** – suggestion to add new principle:
- **Community and social leadership and governance** – ICBs will need effective and broad multi-disciplinary community and social leadership embedded in how they work, and to draw on available local expertise including community/social networks. This will help to ensure sustained focus and commitment to tackling the wider determinants and the social model.

Aspects of the Strategic Commissioning Framework that could benefit from VCSE inclusion or be of specific interest to VCSE sector
- New requirements on service user/public engagement – great potential for VCSE with trusted relationships to position as conduit to excluded communities.
- Co-production – requirement for systems to have co-production methodology for actively involving people and communities.
- Appropriate scale – commissioning will need to deliver services at the scale that best meets community needs. 'Devolve where possible and aggregate where necessary' is a useful new principle. Range includes neighbourhood, place (local authority areas), system, pan-system, regional, national.
- Contractual forms, payment mechanisms and incentives – interesting ideas that need to develop with a 'is it possible for VCSE orgs?' lens.
- Market shaping – this will be interesting with VCSE sector that has largely arisen from community activism – how to collaborate and support VCSE sector to coalesce and prepare for new models of delivery?
- Decommissioning – the need to ensure holistic, informed decisions and to avoid impact on VCSE organisations.

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Specific VCSE roles and contributions to the commissioning cycle - Many of the following have been included in the VCSE Vision, which will be adapted as it progresses to include all VCSE-related elements – to support the development of strategic commissioning.

VCSE roles in Strategic Commissioning (response to SCF v1.10)

VCSE roles – evaluation
- Diverse VCSE involvement in evaluation.
- Enable engagement with diverse service users.
- Augment Insights team with hundreds of VCSE organisations' trusted relationships with people.
- VCSE sector expertise in outcomes design, delivery and evaluation.
- Co-design approach to outcomes performance management/evaluation, especially for VCSE delivery.

VCSE roles – understanding
- Enable engagement with diverse service users.
- Intelligence Function – links to VCSE data, intel and insights.
- Diverse VCSE Ambassadors' input into understanding population health.
- Development of Co-production Methodology.
- Participation Policy to enable VCSE involvement.

4. Evaluating impact
Day-to-day oversight of healthcare usage, user feedback and evaluation to ensure optimal, value-based resource use and improved outcomes

1. Understanding local context
Assessing population needs now and in the future, identifying underserved communities and assessing quality, performance and productivity of existing provision

3. Delivering the strategy through payer functions and resource allocation
Oversight and assurance of what is purchased and whether it delivers outcomes required

2. Developing long-term population health strategy
Long-term population health planning and strategy and care pathway redesign to maximise value based on evidence

VCSE roles – delivery
- Diverse VCSE involvement in delivery, enabled by VCSE Brokerage.
- Enable engagement with diverse service users.
- Augment Insights team with hundreds of VCSE organisations' trusted relationships with people.
- Appropriate scale – co-design of methodology
- Contractual forms and payment mechanisms – co-design to ensure viable for VCSE.
- Financial models for partnerships – co-design to ensure equitable for diverse VCSE.
- Market shaping – co-design to support VCSE development.
- Working with providers – co-design to ensure VCSE included.
- De-commissioning policy – co-design to avoid VCSE impact.

VCSE roles – strategy
- Intelligence Function – links to VCSE data, intel and insights.
- Enable engagement with diverse service users.
- Diverse VCSE Ambassadors' input into understanding population health.
- Diverse VCSE involvement in strategy and planning.

VCSE as system enabler
- VCSE Alliance – structure to engage VCSE at system, place and neighbourhood levels, especially for non-place-based communities.
- Intelligence Function – links to VCSE data, intel and insights.
- VCSE Ambassadors input across the system.
- VCSE Brokerage – route to diverse VCSE market.
- Shared development of Co-production Methodology.
- Participation Policy to enable VCSE involvement.
- Shared development of Prioritisation Methodology (movement of resources).

Business-as-usual
Shift to new model

Mark Hubbard, VCSE Lead – Bristol, North Somerset & South Gloucestershire ICB. September 2025

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Working with the VCSE sector to improve health and wellbeing and address inequality

Bristol, North Somerset and South Gloucestershire VCSE Vision and Framework for Action

Our vision is a system where health creation and equity emerge from trusted, inclusive partnerships, where VCSE organisations are valued as co-creators of a healthier, fairer future and are at the heart of everything we do – from culture, planning and decision-making to delivery, learning, innovation and improvement.

Goal 1: A system **culture** rooted in mutual respect, that values people, relationships and learning alongside outcomes.

Goal 2: System **planning** supported by strong, sustainable, inclusive VCSE collaborations that strengthen wellbeing and health in the system.

Goal 3: Governance and **decision-making** that values communities of place, practice and identity, reflects diversity and shares power to improve outcomes for all.

Goal 4: Equitable investment and input in design and **delivery** of support and services through co-production and VCSE organisations embedded in every stage of the commissioning cycle.

Goal 5: Data, insight and **learning** from VCSE organisations drives **innovation** and continuous **improvement** in the system.

Under each of these goals are some aspirations for what we want the goal to mean, as well as a menu of possible practical actions. The next steps for developing this VCSE Vision are:

- Develop strategic oversight and system governance for this work (from the Vision Working Group)
- Engage with system partners to secure involvement
- Prioritise some practical actions to continue to develop our practice.

September 2025

"
8,000 VCSE organisations created by the community to serve the community"

"
VCSE organisations bring diversity, connection and reach into communities, local knowledge and specialism and support and complement the work of the public sector"

"
Partnership is at the heart of everything we do"

Contents

Introduction

The NHS in Bristol, North Somerset and South Gloucestershire is committed to working collaboratively with cross-sector partners in our integrated care system to improve health and wellbeing and reduce health inequalities. This includes with the Voluntary, Community and Social Enterprise (VCSE) organisations created by the community to serve the community through their focus on health creation, socioeconomic development and support for marginalised people and communities.

This document sets out our VCSE Vision and Framework for Action to build our partnership and embed VCSE organisations within our health and care system. It identifies:

- where we are now
- the progress made
- the direction of travel, and
- a flexible framework for action that can respond to policy changes and learning

It is built on learning captured during cross-sector partnership building and VCSE activity in our health and care system from 2019 to 2025, following our system's participation in the NHS England VCSE Accelerator Programme.

In response to the changing policy context and NHS restructure, this VCSE Vision was developed and drafted over a three-month period from May to July 2025 with input from many discussions with VCSE organisations and system partners, a working group and a cross-sector engagement event. Whilst a full codesign process was not possible given the timeframes and policy and system changes, cross-sector partners assessed our recent progress using an NHS partnership maturity matrix (NHS Embedding VCSE in ICS Quality Development Tool)[1]. This helped to identify what good looks like and some practical actions that could be taken in the short- and longer-term to achieve this vision.

The process to develop the VCSE Vision has been led by NHS Bristol, North Somerset and South Gloucestershire ICB, with support from the Bristol, North Somerset and South Gloucestershire VCSE Alliance Steering Group and wider system partners.

> **Integrate – embed – involve – align**
> This document uses different terms to describe the different forms of VCSE participation in our health and care system. These terms reflect the diverse approaches to participation and the scope of VCSE roles.

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[1] Used in Bristol, North Somerset and South Gloucestershire January 2024 and June 2025

Context and Progress

Bristol, North Somerset and South Gloucestershire

Bristol, North Somerset and South Gloucestershire is a large geography with over a million residents living in a mix of cities, suburbs, market and coastal towns and dispersed rural settlements.

Like other areas of the country, some people's lives in Bristol, North Somerset and South Gloucestershire are being cut short and too many people are spending long periods of their lives in ill health.

The burden of poor health is felt more by some communities. People in poorer areas are unfairly impacted, and the combination of living in a poorer area for people from some ethnicities, genders, and impairments, for example, can make the impact even worse.

Local analysis shows concerning trends around declining life expectancy for some people, and an increase in people being diagnosed with dementia and liver disease.

Our health and care system

The Bristol, North Somerset and South Gloucestershire Integrated Care System (ICS) – Healthier Together – brings together partners from across the NHS, local government and VCSE sector to improve health and care outcomes for the population by focusing on prevention, reducing health inequalities and supporting social and economic development.

Within the ICS, NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board (ICB) is a statutory organisation with responsibility for developing a plan for meeting the health needs of the population, managing the NHS budget within the ICS and commissioning health and services in the area.

Bristol, North Somerset and South Gloucestershire VCSE sector

In the UK, the VCSE sector is a key partner to the public sector, rooted in communities and lived experience it brings insight and expertise into shaping and designing the system. It is also responsible for delivering billions of pounds of vital services and community activities. These are essential to supporting health and wellbeing, particularly for those most in need, which the public sector can struggle to reach. VCSE organisations also contribute billions to the economy, helping to drive economic development, innovation, resilience and productivity, and providing employment for about 1 million people plus volunteering opportunities for around 20 million people.

In Bristol, North Somerset and South Gloucestershire, the VCSE sector is estimated to be 8,000 organisations, plus many more informal community groups, which reach and support hundreds of thousands of people every year, empowering individuals, supporting families, and strengthening communities. Every VCSE organisation is created by people in the

community and VCSE organisations are strong indicators of emerging and ongoing community needs, as well as support for people in communities.

The VCSE sector is an invaluable partner that plays an important role in supporting the wellbeing and health of people and communities across Bristol, North Somerset and South Gloucestershire. The VCSE sector has unique strengths and adds much value to the health and care system. It brings diversity, connection and reach into communities, trusted relationships with excluded communities, local knowledge and specialism. It supports and complements the work of the public sector through direct delivery of services, focus on addressing the social determinants of health, supporting people with health conditions and additional needs to live as well and independently as possible.

Recognising this, the VCSE sector is an equal partner and has a crucial role in the ICS and the delivery of our strategy.

VCSE definition

VCSE organisations have the following common features:

- **Beneficial and accountable to the community**: They have social objectives to benefit the community and are accountable to the community.

- **Formal:** They have a formal and recognisable structure that is described in a constitution or a formal set of rules. They are registered with the relevant register or regulator.

- **Non-profit making:** They do not distribute profits to owners or directors but reinvest them in the sustainability of the organisation or use them for the benefit of the community.

- **Self-governing:** They are truly independent in determining their own course, with at least three trustees or directors or management committee members and a bank account in its own name.

- **Independent:** They are separate from the state and private sector.

- **Supported through volunteering and embrace community action**: They involve a meaningful degree of voluntary participation through having, for example, a trustee board/committee, volunteers, and donations.

- **Non-party political.**

(Source: Bristol, North Somerset and South Gloucestershire VCSE Alliance)

Bristol, North Somerset and South Gloucestershire VCSE Alliance

The Bristol, North Somerset and South Gloucestershire VCSE Alliance was developed during 2022 and 2023 and launched in January 2024. Building on VCSE engagement infrastructure at locality and local authority levels, the Alliance aims to:

- Encourage and enable the VCSE sector to work in a coordinated way to inform policy, strategy and decision making.

- Provide the NHS & health and social care colleagues with a simple route of contact, engagement, and links to community.

- Better position the VCSE sector to contribute to the design and delivery of integrated care.

The VCSE Alliance draws from communities of practice, of place and of identity to ensure it is representative and diverse, and it operates a distributed leadership model. This comprises an Alliance Steering Group and a group of 120 Alliance 'Ambassadors'.

Ambassadors are a diverse group of leaders from across the sector who represent the Alliance across the ICS networks, boards and delivery groups. Further details about the Alliance can be found on the Heathier Together website: VCSE Alliance - Healthier Together

Partnership progress

Our collaboration with the VCSE sector is long-running and in recent years has focused on:

- Supporting the establishment of a new structure – the Bristol, North Somerset and South Gloucestershire VCSE Alliance – to enable partnership and diverse VCSE involvement in design and delivery of wellbeing/health activities

- Co-designing a new, inclusive, equitable, proportionate, robust process for making investments in VCSE activities – the VCSE Brokerage Framework

- Committing to and implementing the ICB's VCSE Integration Principles of 'investing in the sector as a positive action to tackle inequalities', 'designing for smaller', and 'grant first'.

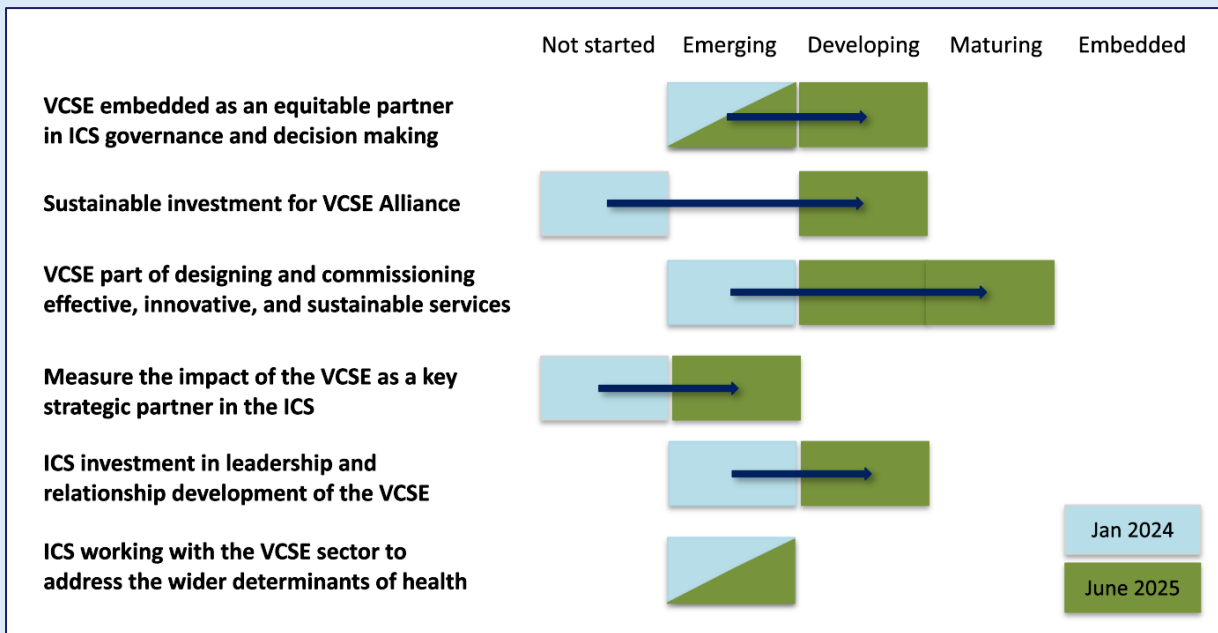As partners, together we are committed to following behaviours and principles:

- **Equality and equity:** Striving to be equitable, and ensuring our work is inclusive and accessible by offering opportunities and considering additional needs.

- **Transparency, honesty and openness:** Maintaining transparency in our practices and decisions, acknowledging when things don't go smoothly, and learning from mistakes.

- **Trust and respect**: Cultivating trust, considering power dynamics, and maintaining mutual respect and agreed boundaries. Ensuring confidentiality is maintained and information is used appropriately.

- **Focus, commitment and accountability:** Ensuring our work has a clarity of purpose, a shared vision, solid processes, and strong decision-making processes, while remaining flexible and responsive to feedback.

- **Excellent communication**: Communicating in diverse, consistent, and accessible ways.

There are pockets of integrated practice where the strategic intentions are becoming reality, in lots of different ways. Examples include:

- **Women's Health** – VCSE Alliance Ambassadors, ICB and NHS clinicians designed a new approach to developing plans and addressing women's health inequalities through £100,000 in small grants to 10 local VCSE organisations.

- **VCSE Alliance Ambassadors** – 50 VCSE Alliance Ambassadors are deployed across VCSE Alliance working groups and key ICS strategic spaces, including the ICB Board, the Strategic Health Inequalities & Population Health Committee and the Intelligence Committee. 45 Ambassadors have been trained in 'systems leadership' and enabled and supported to undertake system-wide roles.

- **Locality Partnerships** – VCSE involvement in Locality Partnerships through chairing roles, partners and VCSE Locality Leads.

- **Diverse VCSE participation** – VCSE organisations are enabled to participate through an 'Inclusion Fund' which reimburses VCSE leaders for their time in Alliance and system activities. 38 organisations have been supported to engage so far.

- **Children and Young People's Wellbeing (North Somerset)** – an example of joint commissioning, the VCSE Brokerage enabled the combination of four different funds into one ask of VCSE organisations. Result: 7 grant awards to local VCSE organisations.

- **Work Well West** – VCSE Brokerage supported this DWP programme (with additional funds from the Combined Authority and Sirona) to engage with diverse VCSE organisations. Result: 16 grant awards for diverse activities to support people to thrive at work after sickness absence.

- Significant recurrent investment in VCSE structures and developments, including the VCSE Alliance, VCSE Brokerage and VCSE market development.

Stakeholders report significant progress in the last two years – as demonstrated by the use of the NHS partnership maturity matrix (NHS Embedding VCSE in ICS Quality Development Tool):

In summary, there have been significant shifts in our collaboration with the VCSE sector between January 2024 and June 2025:

- VCSE embedded as an equitable partner in ICS governance and decision making – shift from Emerging to Developing
- Sustainable investment for VCSE Alliance – shift from Not Started to Developing
- VCSE part of designing and commissioning effective, innovative and sustainable services – shift from Emerging to Maturing
- Measure of the impact of the VCSE as a pay strategic partner in the ICS – shift from Not Started to Emerging
- ICS investment in leadership and relationship development of the VCSE – shift from Emerging to Developing
- ICS working with the VCSE sector to address the wider determinants of health – still Emerging

But VCSE participation is not systematised and there are specific challenges to VCSE and NHS integration:

- **Communications, language and culture** – different approaches, such as medical and social models; different outcomes, ranging from treatment to prevention; sector-based jargon.

- **Shared strategic leadership** – joint development of strategic and systemic approaches; engaging with programmes and governance structures; different scales of operation and responsibility.

- **Knowledge of services** – joint understanding of services offered; understanding of integrated services in a wider system.

- **Diversity and single point of access** – desire for easy access to multiple and complex community services; diversity of providers (micro, small, medium, large) with different clients, legal structures, resources and histories.

- **Locality-based working and specific communities** – tension between geographic provision and inclusion of organisations that serve dispersed communities that are not place-based.

- **Cost of collaboration** – can improve outcomes, but not always cheaper; suffers without investment in the necessary infrastructure for partnership.

Policy and structural changes

The ICS implementation guidance requires ICS leaders to ensure closer working with the VCSE sector in their governance and decision-making arrangements as a strategic partner in shaping, improving and delivering services; and in developing and delivering plans to tackle the social determinants of health. This includes involving the VCSE sector in governance structures, in population health management and service redesign work, and in system workforce, leadership and organisational development plans.

Additionally, the recent Neighbourhood Health guidelines and new 10 Year Health Plan represent significant policy changes that will require more collaboration with VCSE sector.

VCSE Vision and Framework for Action

We want to build on our good progress and further embed partnership working as business-as-usual across the system through policies and practice.

Our shared purpose is to improve wellbeing and health, and reduce inequalities.

Our vision is a system where health creation and equity emerge from trusted, inclusive partnerships, where VCSE organisations are valued as co-creators of a healthier, fairer future and are at the heart of everything we do – from culture, planning and decision-making to delivery, learning and improvement.

Together we are building a more connected, preventative, community-led health and care system where sustainability is shared, and there is better, fairer care for everyone.

To achieve this the framework for action has five goals. With each of these goals, we describe **what we want this to mean** and **possible practical actions** in the short-term and medium-term (after the ICB merger).

Goal 1
A system **culture** rooted in mutual respect, that values people, relationships and learning alongside outcomes.

Goal 2
System **planning** supported by strong, sustainable, inclusive VCSE collaborations that strengthen wellbeing and health in the system.

Goal 3
Governance and **decision-making** that values communities (place, practice and identity), reflects diversity and shares power to improve outcomes for all.

Goal 4
Equitable investment and input in design and **delivery** of support and services through co-production and VCSE organisations embedded in every stage of the commissioning cycle.

Goal 5
Data, insight and **learning** from VCSE organisations drives innovation and continuous improvement in the system.

Culture

Goal 1: A system culture rooted in mutual respect, that values people, relationships and learning alongside outcomes.

What we want this to mean:

- System partners recognise and learn from each other's unique strengths, approaches, experiences and pressures, to create a more inclusive, equitable and effective system that reflects the diversity of people and places it serves across communities.
- Public sector organisations – from local councils and GP surgeries to NHS Acute Community and Mental Health Trusts and the ICB – champion VCSE organisations and leaders as crucial partners to build a system rooted in equity and effectiveness.
- Organisations from the full breadth and depth of the VCSE sector – including the smallest and grassroots – are trusted and active partners, bringing in new perspectives and learning, and shaping the system's leadership and decisions, workforce planning and delivery.
- Trust, capability and impact grow through joint learning, access to cross-sector training opportunities and secondments and people have the time, space and incentives for investing in relationships as the bedrock of our system.
- By investing in relationships and nurturing a culture that values people as well as outcomes, we strengthen trust, deepen capability, and build a system that continuously learns, adapts, and improves.

Planning and infrastructure

Goal 2: System planning supported by strong, sustainable, inclusive VCSE collaborations that strengthen wellbeing and health in the system.

What we want this to mean:

- A resilient, well-resourced VCSE sector is brought together by a sustainably-funded VCSE Alliance so it can play its role as an equitable partner at system-level and across communities of place, practice and identity.
- The VCSE Alliance engages the full breadth and depth of the VCSE sector – across place, practice and identity.
- Through clear and transparent lines of influence in ICS structures, the VCSE Alliance ensures that VCSE voices shape priorities and drive action.
- VCSE organisations know how and where to contribute into the health and care system, how their voice shapes strategy, and how collective action secures long-term improvements in health and wellbeing for people and communities; supported by VCSE Alliance and VCSE infrastructure organisations, where needed.

Governance and decision-making

Goal 3: Governance and decision-making that values communities of place, practice and identity, reflects diversity and shares power to improve outcomes for all.

What we want this to mean:

- Thousands of VCSE organisations – of all sizes and across every community – are active and embedded across the system and recognised as equal partners in shaping strategy and driving change.

- Support and clarity about VCSE roles and responsibilities in system governance, setting priorities, influencing policy, and co-designing plans that reflect real needs.

- With meaningful involvement at every level, VCSE partners contribute insight, leadership, and lived experience – helping to deliver care that is more inclusive, responsive, and community-led.

- As partners in the development of the Joint Forward Plan and Healthier Together 2040 Strategy, for example, VCSE organisations are central to building a fairer, healthier future.

Delivery

Goal 4: Equitable investment and input in design and delivery of support and services through co-production and VCSE organisations embedded in every stage of the commissioning cycle.

What we want this to mean:

- The 8,000 VCSE organisations created by our community to serve the community and rich in lived experience, are recognised as the foundation of health creation and health equity in our system.

- VCSE services are recognised as an essential part of the health and care provider landscape – deeply connected to patient pathways, the social determinants of health and system priorities.

- VCSE organisations are fully embedded in the commissioning cycle from the start: co-producing solutions alongside statutory partners, shaping priorities, and influencing commissioning decisions that reflect both national policy and local realities.

- There is sustained investment, shared responsibility and a coordinated system-wide strategy to enable a thriving, resilient VCSE ecosystem to deliver impactful, community-led support and services.

- The sustainability of the VCSE sector is a shared responsibility, reflected in formal risk management processes and strategic mitigation across system partners.

- From early intervention to social care, the VCSE plays a central role in innovating, testing and designing services that address the social determinants of health and tackle health inequalities - not just clinical need.

- Evaluation and accountability are proportionate, resourced, co-designed, and consistent across the system, enabling transparent, outcome-focused commissioning.

Learning and improvement

Goal 5: Data, insight and learning from VCSE organisations drives innovation and continuous improvement in the system.

What we want this to mean:

- Partners accept that sharing data across sectors is a good thing as it leads to better and quicker identification of need, more efficient and effective planning, greater understanding about the impact of social determinants of health, more robust impact measurement and greater inclusion.

- VCSE data – including facts, figures and stories about individuals, the measurement of impact on individuals after an intervention, wider intelligence about populations, the impact of the wider impact and/or policy decisions on people and communities, and knowledge about people's use of, and issues with, statutory services and how individuals can be best supported within communities – is recognised and made visible within the system.

- Data drives our system and is valued as a shared tool that helps improve lives and strengthen communities. Through curiosity, collaboration, and shared understanding about different types of data and their merits, including quantitative and qualitative, data is meaningful, accessible, and impactful.

- Measuring impact is thought about from the outset – it's how we design, learn, adapt and improve.

- There is dedicated time and resources for measuring and maximising impact and collecting data and evidence – drawing from a wide range of methodologies to understand the interconnected nature of community-led cross-sector change – ensuring that the full value and potential of VCSE partnerships are realised for the benefit of all communities.

Appendix - Possible practical actions

Culture

Goal 1: A system culture rooted in mutual respect, that values people, relationships and learning alongside outcomes.

Theme	Short term (pre-ICB merger)	Medium term (post-ICB merger)
Learning from and about each other	Conduct research on the reach and impact of the VCSE sector on health inequalities, wellbeing and prevention across places (system, place and neighbourhood) and dispersed communities (of interest and identity).	Invite ICB/ICS colleagues and partners to regularly attend VCSE Alliance sessions, providing input and feeding back to peers.
Learning from and about each other	Showcase events and written case studies to share VCSE success stories and regular, accessible communication channels for sharing information about the sector and system developments (e.g. news bulletins, events, social media).	ICB governance team offer training and share materials with VCSE Alliance staff and Ambassadors to develop understanding about NHS/ICS structures, processes, ways of working, pressures, operations and approaches to risk.
Learning from and about each other	Share information about the volunteer workforce, recruitment and retention, and opportunities for collaboration around volunteers.	VCSE Alliance hosts briefing sessions for ICS partners about how to navigate sources of information about the VCSE offer and services.
Learning from and about each other		Involve VCSE partners in delivering the ICB staff induction, organisational development programme and other training.
	Consider how to build effective cross-sector collaboration and relationship building as core	Develop an online programme of discussion, development and learning around common interests in health and

Theme	Short term (pre-ICB merger)	Medium term (post-ICB merger)
Building relationships and trust	competencies in ICB and VCSE leader job roles.	care (see Suffolk as a case study of good practice).
	Commit to use common, inclusive language – plain English, no acronyms etc – in all ICB and VCSE meetings and communications.	Capture and share learning from existing cross-sector collaborative approaches within the system (e.g., social prescribing, mental health transformation, dementia care) and feed this understanding about the VCSE sector and its role into system planning.
	Identify VCSE partnership champions in all NHS/ICS organisations and at all levels of the system.	Launch a cross-sector buddying, secondment or other formal and ongoing cross-sector relationship development scheme.
Sharing assets	Explore making the NHS suite of training and organisational development (e.g. the NHS Leadership Academy or other system leadership training) accessible to VCSE partners.	Explore making training and organisational development opportunities available across the ICS.
Sharing assets	Set up a dedicated workstream to identify opportunities for sharing assets, such as file sharing platforms, Teams channels, meeting rooms, event space.	Explore co-location of teams – including in community hubs (e.g. with a first step to review where there is existing co-location, its benefits and opportunities).
Sharing assets		Explore the potential for VCSE involvement in NHS/ICS procurement (bulk purchasing) of IT hardware and/ or other assets like software, phones etc.
Sharing assets		All new NHS estates should include capacity for VCSE to co-locate and work alongside NHS colleagues in communities.
Sharing leadership responsibilities	Invite a VCSE Alliance Ambassador to have a place on the system workforce board.	Create NED leadership in the ICB Board with accountability for VCSE development.

Theme	Short term (pre-ICB merger)	Medium term (post-ICB merger)
Sharing leadership responsibilities	Invite ICB workforce leads to attend Alliance meetings for VCSE sector input.	Consider VCSE involvement in ICB staff recruitment and policies.
Sharing leadership responsibilities	Regular meetings between strategic leaders – VCSE Alliance Leaders and ICB Exec Team.	Regular meetings between operational leaders – VCSE-place leads and locality leads/chairs.

Planning and infrastructure

Goal 2: System planning supported by strong, sustainable, inclusive VCSE collaborations that strengthen wellbeing and health in the system.

Theme	Short term (pre-ICB merger)	Medium term (post-ICB merger)
Resilient and resourced VCSE sector and infrastructure for partnership	VCSE-related risks, including the sector's sustainability, are included in ICB risk registers.	Recurrent funding for the VCSE Alliance is included in the ICB Finance Strategy.
Resilient and resourced VCSE sector and infrastructure for partnership	ICB invests recurrently in system-level VCSE Alliance, which builds on existing funded VCSE infrastructure at place and other VCSE thematic alliances (like MH, CYP etc).	
Connected by a robust, inclusive and sustainable VCSE Alliance	Publish details of VCSE Alliance members and Ambassadors online.	Connections and clarity about roles and responsibilities are established between VCSE partners, alliances and networks at neighbourhood, place and system level and across thematic priorities (e.g. mental health).
Connected by a robust, inclusive and sustainable VCSE Alliance	Regularly analyse existing Alliance membership, leadership and networks to identify gaps and take positive action to address gaps in diversity/reach.	

Theme	Short term (pre-ICB merger)	Medium term (post-ICB merger)
Collaborative ways of working	ICB invests in a dedicated senior VCSE lead.	
Collaborative ways of working	Share map of ICB structures and decision-making as it evolves and is updated.	Directory of named leads across the ICS is kept-up-to-date and shared widely with the VCSE sector to support connection and collaboration.
Collaborative ways of working	Develop policy documents, good practice toolkits and how-to guides about: • Data compatibility and management • Information governance • Conflicts of interest • Decision-making and governance in partnership work • Co-production • Funding, and grants vs contracts, and VAT • Payment for participation • Managing conflicts and disputes • Intellectual property, including for co-designed products and services.	Work with local VCSE infrastructure and provider collaborative leads to develop consortia development advice and case studies for VCSE orgs seeking to deliver services/activities together.
VCSE voice is valued and heard	Co-design and agree a system-wide approach and policy for reimbursement of VCSE participation – with parity to others, e.g. people with lived experience and system partners.	VCSE Alliance and Ambassadors are included from the outset in the co-design of all relevant ICS strategies and plans, including the Joint Forward Plan.
	Invite VCSE Alliance Ambassadors to be Chairs/Co-Chairs of ICB boards/committees/groups etc.	

Governance and decision-making

Goal 3: Governance and decision-making that values communities of place, practice and identify, reflects diversity and shares power to improve outcomes for all.

Short term (pre-ICB merger)	Medium term (post-ICB merger)
Explore the potential for a funded, voting VCSE seat on ICB Board.	Develop a formal partnership agreement between the ICB and VCSE.
Invest in training, development and support to enable a diverse group of VCSE Alliance Ambassadors to contribute VCSE perspectives across the ICS.	Co-develop and support the implementation of strategies and plans looking to embed the VCSE into the health and care system at different levels.
Review ICB/ICS governance to establish where the VCSE is already involved and evaluate impact, what works and how/where to make improvements.	Develop a code of conduct detailing the principles of good partnership working and what 'equal partners' means is adopted and regularly reviewed by all ICS boards, committees, business units, groups, programmes.

Delivery

Goal 4: Equitable investment and input in design and delivery of support and services through co-production and VCSE organisations embedded in every stage of the commissioning cycle.

Theme	Short term (pre-ICB merger)	Medium term (post-ICB merger)
Investing in the VCSE	ICB and VCSE collaborate to understand where system invests and where there are risks to system priorities from gaps in investment.	Co-design a decommissioning impact assessment so that the risk/impact of withdrawal/reduction of funds from VCSE organisations is understood and mitigated.
Investing in the VCSE	ICB and VCSE collaborate to identify gaps in funding to the VCSE sector - in communities of geography, practice and/ or identity.	Co-design the implementation of the requirement that 'Contracting authorities should drive economic growth and strengthen supply chains by giving SMEs and VCSEs a fair chance at public contracts, creating high quality jobs and championing innovation.' [National Public Procurement Policy, Feb2025]

Theme	Short term (pre-ICB merger)	Medium term (post-ICB merger)
Investing in the VCSE	ICB and VCSE collaborate to identify sources of funding to fill gaps in, or opportunities from, VCSE funding to support prevention / early intervention / health inequalities.	
Investing in the VCSE	Social prescribers or other personalised care roles do not refer or direct people to VCSE organisations without a conversation first.	
Mainstreaming co-production		Collaborate to develop Co-production toolkit to include principles, such as commitment to balance of voice, early engagement, and payment for time.
Mainstreaming co-production		ICB makes a central budget available to support co-production during the design and development phase of all its work.
Collaborative commissioning and commissioning reform	A pipeline of collaborative VCSE project proposals is prepared with ICB in preparation for future funding opportunities or to address system challenges.	Co-design a new approach to Social Value and explore the potential for bidders' Social Value offers to be selected from a menu of VCSE developmental areas.
Collaborative commissioning and commissioning reform		Grants vs contracts policy is developed and agreed (e.g. for orgs of certain size, involved in certain activities).
Collaborative commissioning and commissioning reform		Explore how contract evaluation criteria can include elements such as collaboration, history of local delivery, mobilisation time, system involvement, involvement of people with lived experience etc.

Theme	Short term (pre-ICB merger)	Medium term (post-ICB merger)
Collaborative commissioning and commissioning reform	Procurement process follows best practice with socialising of commissioning intentions and appropriate advance notice of procurement opportunities.	Joint training programme to develop shared understanding for those involved in commissioning and procurement – commissioners and providers.
Shift to prevention and community-based care	A consistent system-wide social prescribing offer is built on understanding of good practice in Bristol, North Somerset and South Gloucestershire and where there are gaps, barriers and challenges to overcome.	Co-produce a system-wide health creation strategy.
Shift to prevention and community-based care	Every new clinical pathway should also have a prevention and community-based care offer developed.	% increase in funding for prevention.

Learning and improvement

Goal 5: Data, insight and learning from VCSE organisations drives innovation and continuous improvement in the system.

Action	Short term (pre-April 2026)	Medium term (post-April 2026)
VCSE data recognised	Collaborate to explore how VCSE qualitative and quantitative data (e.g. figures/insights/intel/stories) will be considered and co-design methods to recognise VCSE contribution to wellbeing and health.	Develop mechanisms for collecting, analysing and understanding VCSE qualitative and quantitative data across the system.
VCSE data recognised	VCSE qualitative and quantitative data is fed into and used to inform ICS decision-making at system, place and neighbourhood levels.	Co-design system-wide data and intelligence strategy.
VCSE data recognised		The impact of VCSE data inclusion is routinely gathered and measured.

Data sharing	Partners identify a mechanism for gathering and sharing qualitative and quantitative data on specific programmes and interventions, and from across communities.	System-wide data sharing agreements are in place.
Impact measurement	Collaborate to co-design and evidence the impact of strategic partnerships.	Co-design an impact measurement and shared system outcomes framework.
Impact measurement	Impact reports on cross-sector interventions are routinely shared.	