

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



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

“ 8,000 VCSE organisations created by the community to serve the community”

“ Partnership is at the heart of everything we do”

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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.

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 Healthier 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:

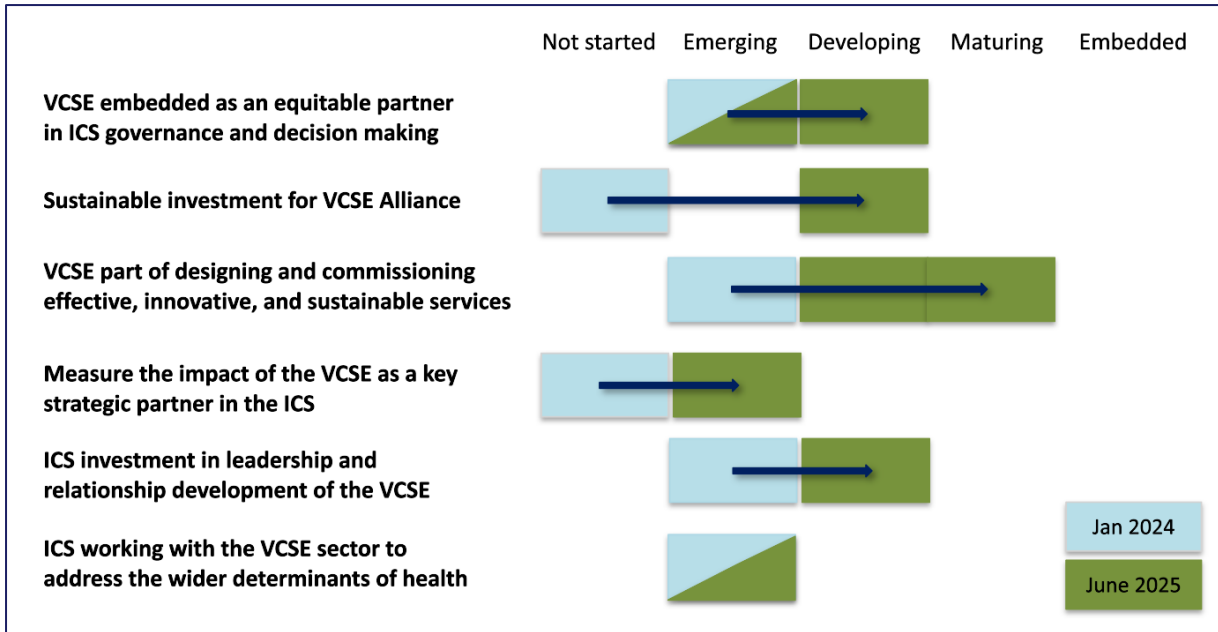
- **Equality and equity:** Striving to be equitable, and ensuring our work is inclusive and accessible by offering opportunities and considering additional needs.
- **Transparency, honesty and openness:** Maintaining transparency in our practices and decisions, acknowledging when things don’t go smoothly, 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: <ul style="list-style-type: none"> • 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.	