



## VCFSE voice in Integrated Neighbourhood Teams

Health is created where people live, learn, work and connect, not only where they receive treatment.

The Voluntary, Community, Faith & Social Enterprise (VCFSE) sector works in collaboration with the health system. This document sets out the principles for that partnership in developing Integrated Neighbourhood Teams (INTs).

INTs are central to delivering the government's new Neighbourhood Health Service - shifting care from hospital to community, from treatment to prevention, and from analogue to digital.

Tackling the root causes of ill health, especially poverty and systemic racism, requires a neighbourhood approach that draws on community strengths and trust.

Effective INTs depend on authentic partnership with the VCFSE sector, grounded in trust, equity and shared purpose. By combining statutory and community strengths, INTs can deliver holistic, person-centred neighbourhood health, tackling the wider determinants of wellbeing and reducing inequalities across North East London.

## Principles for partnership

### 1. Community-led and inclusive

- Recognise VCFSE organisations as community anchors that build trust and empower residents.
- Involve them from the start in planning, co-design, problem-solving and decision making. Have a look at this [Co-production Toolkit from Tower Hamlets Together](#).
- Use existing neighbourhood and resident forums to ground INTs in lived experience. Your VCFSE Collaborative representative can let you know what exists.





## 2. Shared leadership and governance

- a. Include VCFSE representatives in governance and decision-making, not as symbolic voices, but as active participants.
- b. Establish clear roles, terms of reference, and feedback mechanisms showing how community input shapes outcomes.
- c. Embed VCFSE Collaborative representatives into INT steering groups and place-based structures.

## 3. Fair resourcing

- a. Budget for core costs: staff time, admin, travel and community engagement.
- b. Offer multi-year or pooled funding to encourage stability and collaboration rather than competition.
- c. Understand and address barriers to participation such as lack of premises and the use of void premises. Limited capacity can be tackled through shared infrastructure or HR/comms support.

## 4. Mutual trust and communication

- a. Communicate openly and in plain English; share agendas and papers in advance and embed VCSFE input.
- b. Be clear about what is and isn't possible and deliver on agreed actions.
- c. Create spaces, formal and informal, to learn about each other's work and build relationships.



## 5. Co-production and lived experience

- a. Actively involve residents and communities in designing and improving services.
- b. Compensate people for their time and ensure space for community insights are included in meeting agendas.
- c. Offer shadowing opportunities and walkarounds for INT staff to see VCFSE work first-hand.

## 6. Shared data and learning

- a. Develop joint learning forums to share data, insights and innovation.
- b. Support VCFSE partners with training on data governance, GDPR and safeguarding.
- c. Use population health data alongside community insight to inform neighbourhood priorities.



## 7. Capacity and sustainability

- a. Recognise the diversity and limits of VCFSE capacity; stagger deadlines and avoid short notice requests.
- b. Provide capacity-building grants and mentoring for smaller organisations.
- c. Foster collaboration through anchor organisations that can hold and distribute funds to grassroots groups.

## 8. Neighbourhood investment and commissioning

- a. Explore a Neighbourhood Fund or community chest model to support small-scale, resident-led projects.
- b. Move toward inclusive commissioning that enables VCFSE partners to co-produce and deliver services.
- c. Consider anchor organisations or collaboratives as commissioning partners to streamline processes and widen access.



Health is largely created in communities, not in medical settings. It grows from good housing, decent work, social connection, and a sense of belonging - the conditions that allow people to live well. The greatest cause of poor health is poverty, which limits access to these essentials and drives inequalities across North East London.

**Find out about the VCFSE sector in North East London in our State of the Sector report.**



**Voluntary, community, faith & social enterprise organisations working with the NHS across North East London:**



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