Equitable system partnership

A strategy for embedding the voluntary, community, faith and social enterprise sector as an equal partner in the North East London health and care system.

Photo credit: **Photographer London**

June 2026
NEL VCFSE Collaborative

Equitable system partnership

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EXECUTIVE SUMMARY

The Voluntary, Community, Faith and Social Enterprise (VCFSE) sector in North East London (NEL) is highly diverse and deeply rooted in communities, driven by community action. The sector ranges from informal neighbourhood level groups to larger providers with regional and national reach and anchor institutions. Crucially, 61% of organisations are operating with annual incomes under £100,000 (**State of the Sector report, 2025**). These organisations bring distinctive strengths of trusted relationships, cultural understanding, flexibility and a focus on the social determinants of health. The sector delivers a range of services at differing scales, that are all essential to tackling inequalities but there is potential for better alignment with the health system and prevention agenda.

This strategy, developed through consultation with VCFSE organisations[1], proposes a shift in how the VCFSE sector is engaged, funded and valued. To lever the sector's skills and potential we call for seven pillars to be adopted and implemented (pillars laid out in full in pages 8-15).

THE 7 PILLARS

1. Recognition of unique strengths in prevention and health creation

By investing in core VCFSE functions and integrating community-led prevention into pathways, the system can reduce pressure on acute services and improve access and outcomes.

2. Genuine power sharing, equity and co-production

Involving VCFSE organisations from the inception of commissioning and service design, embedding sector representation in governance forums, and resourcing co-production so neighbourhood decisions are systematically shaped by community insight.

[1] The VCFSE Collaborative convened a series of focus groups in Spring/Summer 2025 involving VCFSE organisations (70 people in total) gathering insights and understanding how we achieve equitable partnership within the system (see appendix).

3. New tiered commissioning model focused on prevention, health creation and social value

Longer term and multi tier investment - from small neighbourhood grants to strategic partnerships that include simplified processes, coverage of core costs and a social value focus so organisations of all sizes can contribute to population health, innovation capabilities and community-led solutions.

4. Investment in capacity, infrastructure, and leadership

Supporting digital capability, leadership development and co-location of VCFSE organisations in neighbourhood health settings will create a more sustainable, connected ecosystem, able to participate fully in integrated care.

5. Improved data integration and digital interoperability

Shared data systems, access to population health management data, proportionate and outcomes focused evaluations to enable the sector to evidence its impact.

6. Shared resources and collaborative learning

Funded learning networks, joint training offers and shared digital resource hubs will reduce duplication, scale best practice and strengthen collaboration and innovation, with larger organisations supporting smaller ones through mentoring and peer support.

7. Neighbourhood working and effective integration

Formal VCFSE roles within Integrated Neighbourhood Teams with targeted investment in community facing roles.

Next steps

The NEL VCFSE Collaborative will work with the ICB to endorse and facilitate these pillars and will seek endorsement for investment in a VCFSE led population health initiative to demonstrate the impact that this approach could take (examples in Appendix 1).

INTRODUCTION

Background

The **NEL VCFSE Collaborative,** hosted by Tower Hamlets CVS[2], serves as the strategic bridge between the VCFSE and NHS North East London. Established in response to NHS England guidance in 2022, the Collaborative continues to facilitate meaningful dialogue and ensures community and sector voices are embedded in system level governance and decision making processes.

The Collaborative in its current format works across City and Hackney, Barking and Dagenham, Havering, Redbridge, Newham, Tower Hamlets and Waltham Forest, and also includes five thematic representatives covering Workforce and Volunteers; Long Term Conditions; Mental Health; Learning Disabilities and Autism; Babies, Children and Young People; and Faith communities.

National policy changes

The government's "Fit for the Future: 10 Year Health Plan for England," published in July 2025, calls for "radical change" in healthcare delivery, emphasising three key shifts: from hospital to community, from analogue to digital, and from sickness to prevention.[3] These shifts create opportunities for VCFSE organisations which have long championed community-centred, preventive approaches to health and wellbeing.

The Model ICB Blueprint positions Integrated Care Boards (ICBs) primarily as strategic commissioners, creating space for more collaborative approaches to commissioning that recognise the VCFSE sector's unique capabilities, particularly its ability to connect services and pathways, support integration, and enable flow across organisational and system boundaries.[4]

The rollout of Integrated Neighbourhood Teams (INTs) and new health centres alongside the National Neighbourhood Health Implementation Programme (NNHIP) creates real opportunities for meaningful VCFSE involvement. This approach will bring together multidisciplinary teams, community health workers and volunteers, and these centres can reflect the sector's strength as a local connector between health, care and community support. Forty three vanguard sites are piloting the integrated models, of which Barking and Dagenham are one of the selected pilots.

[2] Council for Voluntary Service - a local VCFSE infrastructure and capacity building organisation.
[3] Department of Health and Social Care (2025) 10 Year Health Plan for England: fit for the future. Available at: https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future (Accessed: 10 April 2026).
[4] See NHS England (2025) "Update on the draft Model ICB Blueprint and progress on the future NHS operating model". Available at: https://www.england.nhs.uk/long-read/update-on-the-draft-model-icb-blueprint-and-progress-on-the-future-nhs-operating-model/ (Accessed 22 May 2026).

CONTEXT OF NEL

The North East London VCFSE sector

The 2025 North East London **State of the Sector report** demonstrates a vibrant, capable but fragile ecosystem. The 5,534 registered local and regional charities and social enterprises across NEL (figure 1) represent remarkable diversity in scale, focus and community reach. Figure 1.

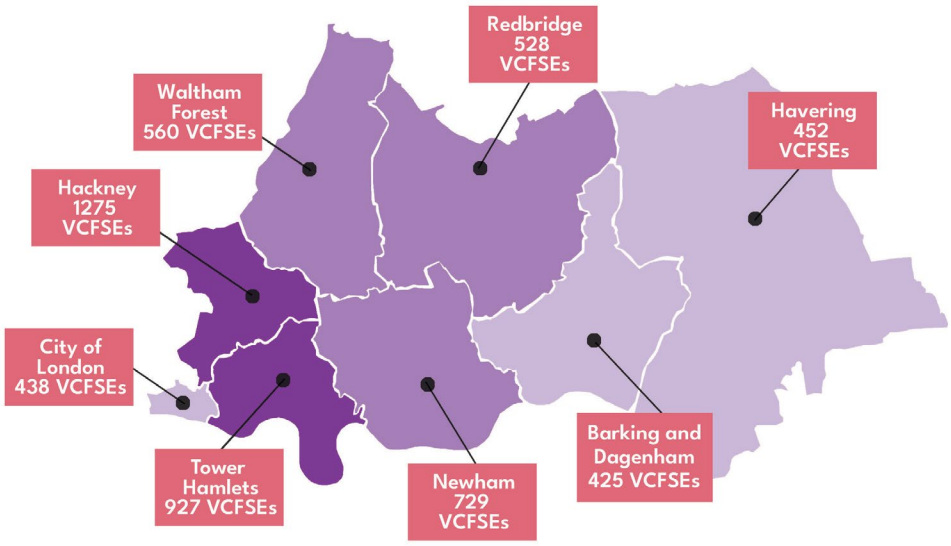
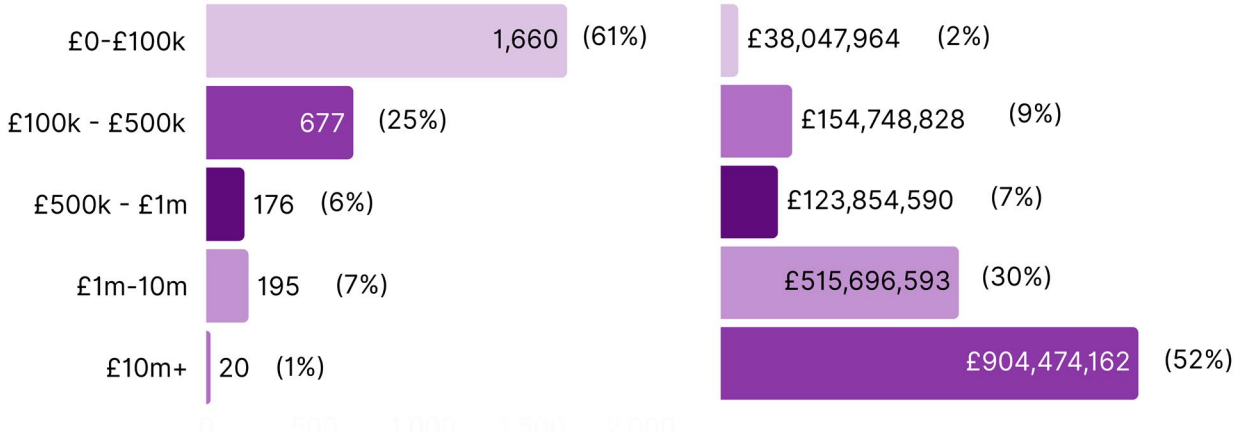


Figure 2 below shows that small VCFSE organisations (income of £100,000 and less) account for 61% of the entire VCFSE sector in North East London. This is significant as it shows the sector is represented by grassroot organisations which receive the least funding overall.



Demographics and health inequalities of North East London

THE URGENCY FOR ACTION

North East London (NEL) is densely populated and growing rapidly, with more than two million residents and an additional 400,000 forecast by 2041. Barking and Dagenham, City and Hackney, Newham and Tower Hamlets rank among London's most deprived areas. The inequalities are stark, with life expectancy gaps of up to 10.5 years between the most and least deprived areas within NEL. Our communities bear disproportionate burdens of chronic conditions including diabetes, heart disease and mental health challenges[5]

These inequalities represent the cumulative impact of social, economic and environmental factors that the VCFSE sector is uniquely positioned to address through community connection and the fundamental trust they hold within communities.

[5] North East London Health and Care Partnership (2024) North East London (NEL) Joint Forward Plan - Refresh. Available at: https://northeastlondon.icb.nhs.uk/wp-content/uploads/2024/07/Joint-Forward-Plan-2024-2025-Final-V2.0VF.pdf. (Accessed: 10 April 2026.)

Faith in North East London

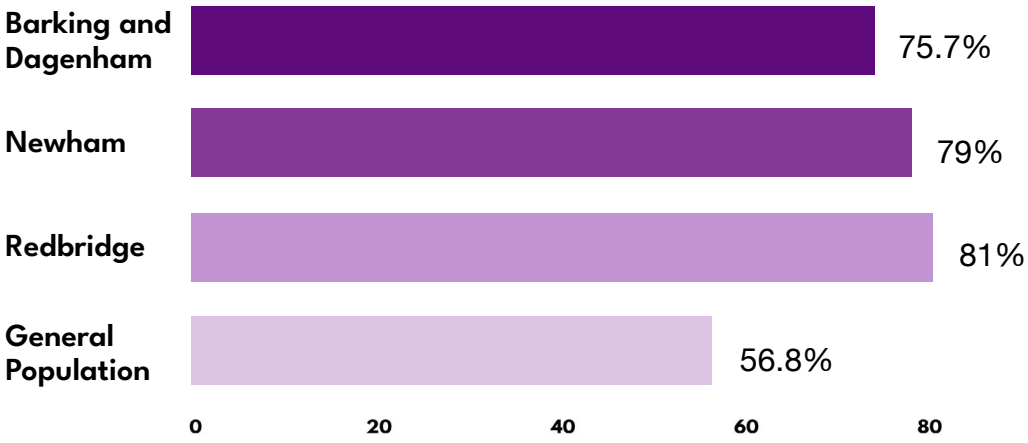
In 2025 the VCFSE Collaborative decided to include faith when describing the sector. The faith and belief sector is an important part of the VCFSE that encompasses a diversity of people and organisations, from hyperlocal worshipping communities to faith-based organisations and borough wide inter-faith networks.

Faith communities are engaged in social action, possessing a range of assets for the promotion of health, including motivated volunteers, buildings in accessible locations and longevity and expertise within their communities.[6] The support services provided by faith communities are shown to relieve pressure on NHS services, with the national yearly cost relief of church-based support alone estimated at £8.4bn, equivalent to nearly 4% of UK health spending.[7]

The faith picture across North East London is diverse, with the largest borough-wide Muslim community in England in Tower Hamlets (39.9%)[8], one of the largest groups of Charedi Jewish people in Europe (Hackney)[9], and the largest borough-wide percentage of Black African residents in the country in Barking and Dagenham (15.6%)[10] represented by significant Black majority Christian denominations. Barking and Dagenham and Newham are two of the most religious local authority areas in England, with 75.7%[11] and 79%[12] of residents identifying with a religious group respectively, compared to 56.8% in the general population.[13]

[6] November, L. (2014). The Impact of Faith-Based Organisations on Public Health and Social Capital. London: FaithAction, p.15.
[7] National Churches Trust (2024) The House of Good: Health. Available at: https://www.nationalchurchestrust.org/house-good-health. (Accessed on 10 April 2026).
[8] See Office for National Statistics. (2023) How life has changed in Tower Hamlets: Census 2021 [Online]. Available at: https://www.ons.gov.uk/visualisations/censusareachanges/E09000030. (Accessed on 22 May, 2025).
[9] See Hackney Council. The history of Hackney's diverse communities [Online]. Available at: https://www.hackney.gov.uk/council-and-elections/equality-and-diversity/hackneys-demographics/history-hackneys-diverse-communities#toc-further-information. (Accessed on 22 May, 2026).
[10] See Trust for London. London's population by ethnicity [Online]. Available at: https://trustforlondon.org.uk/data/ethnic-diversity/. Accessed on 22 May, 2026.
[11] Office for National Statistics. (2023) How life has changed in Barking and Dagenham: Census 2021 [Online]. Available at: https://www.ons.gov.uk/visualisations/censusareachanges/E09000002. (Accessed on 22 May, 2026).
[12] Office for National Statistics. (2023) How life has changed in Newham: Census 2021 [Online]. Available at: https://www.ons.gov.uk/visualisations/censusareachanges/E09000025. (Accessed on 22 May, 2026)
[13] Office for National Statistics. (2022) Religion, England and Wales: Census 2021 [Online]. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/bulletins/religionenglandandwales/census2021. (Accessed on 22 May, 2026).

Diverse Communities



Religiosity (religious identity) in North East London is well above national average.

39.9%
Largest borough-wide Muslim community in England in Tower Hamlets.

One of the largest
groups of Charedi Jewish people in Europe (Hackney).

There is a notable gap of faith and belief sector in our State of the Sector report responses and focus groups for this strategy. The VCFSE Collaborative will spend the next few months to further our understanding of faith structures and how we move forward in including faith.

Photo credit: Photographer London

STRATEGIC VISION AND RECOMMENDATIONS

SEVEN PILLARS FOR TRANSFORMATION

Photo credit: **FaithAction**

Our vision is of a thriving and sustainable VCFSE ecosystem that works as an equal partner with statutory services to create the conditions for good health and tackle inequalities.

This vision and the roadmap to achieving it, are built upon sector insights[14], and broken down into seven strategic pillars with key recommendations that include a change in the way we work together and a commitment to increase investment on annual basis.

[14] See Appendix for our methodology in developing this strategy.

PILLAR 1:

Recognition of unique strengths in prevention and health creation.

The VCFSE sector offers unique capabilities in prevention and health creation by helping individuals and communities to build trust, navigate access to pathways and activate self management and peer support. The Commission on Health and Prosperity estimates £18bn annual NHS/society savings by the mid-2030s through investing in such approaches.[15] Health creation, defined by the Health Creation Alliance as enabling individuals/communities to gain purpose, hope, mastery, and control[16], and by Lord Nigel Crisp as creating conditions for health, shifts from illness to proactive wellbeing.[17]

We recommend:

- The ICB invest in these core VCFSE functions at place and neighbourhood level.
- A strengthening of the sector's integration within local health and care pathways.

This will lead to:

1. VCFSE prevention and health creation activities integrated into care pathways to support population health and reduce pressure on acute health services.
2. Improved access and uptake for targeted at risk groups to a range of community-based health creation initiatives allowing better collaboration and integration between statutory and community services.

SCALABLE PRACTICE

Volunteer Centre Hackney's Together Better primary care volunteering programme leading to improved equity of access, stronger treatment adherence, avoidance of relapse or deterioration and reduced friction across care pathways, supporting both system efficiency and healthier communities.

[14] See Appendix for our methodology in developing this strategy.
[15] Thomas C. et. al. (2024) Our greatest asset: The final report of the IPPR Commission on Health and Prosperity. London: Institute for Public Policy Research, p. 107.
[16] See the description provided at https://thehealthcreationalliance.org/health-creation/.
[17] See Crisp, N. (2020) Health is made at home, hospitals are for repairs: Building a healthy and health-creating society. Essex: SALUS Global Knowledge Exchange.

PILLAR 2:
Genuine power sharing, equity and co-production.

Genuine co-production and embedding racial equity requires power sharing. Neighbourhood development and decision making within neighbourhoods should be driven by community and resident insight and fed into population health management approaches.

We recommend:

- Co-design from inception: VCFSE organisations, particularly those representing racially minoritised communities, must be involved in decision making and service design from the earliest stages of service delivery and commissioning, before any service specifications are developed.
- Shared governance: VCFSE representatives reflecting the racial and cultural diversity of communities should participate in key decision making forums, including commissioning committees and strategic planning groups to ensure equitable influence and accountability.
- Buddy system: ICB to help establish formal partnerships between statutory and VCFSE organisations for mutual learning and relationship building, with statutory staff spending time in community settings.
- ICB to invest in VCFSE to offer coproduction training to health and care staff.

This will lead to:

1. VCFSE representation embedded in strategic decision making structures to ensure services reflect community needs and improve trust in our communities.
2. Co-production and codesign routinely embedded across commissioning, service design and evaluation to improve the health system.

SCALABLE PRACTICE

Neighbourhood Forums in two PCN areas in Tower Hamlets were commissioned as a tiered investment in VCFSE led neighbourhood infrastructure. The forums bring together residents, VCSFE and NHS together to identify priorities and co-produce service improvements to interpreting and advocacy services and identify wider prevention priorities such as vaping.

Funding covered resident engagement, VCFSE facilitation and a resident working group, enabling low cost, high impact recommendations (better recording of language needs, clearer patient information, recruiting trusted local interpreters) that are now being implemented by the GP Care Group and PCNs. This demonstrates how sustained neighbourhood level funding supports community-led problem solving, generates practical system changes, and builds a platform for future prevention projects and INT priorities.

PILLAR 3:

New tiered commissioning model focussed on prevention, health creation and social value.

We advocate for a transformative shift in funding for the VCFSE sector, moving beyond short term and competitive funding towards a tiered model that values prevention and reflects the differences in scale, capacity and community expertise across the sector.

We recommend:

- **Tiered commissioning model:** ICBs commissions the VCFSE sector through a tiered funding model.
  - **Long term small grants** (neighbourhood fund) for grassroots organisations with turnover under £100,000 to shape local health priorities by reaching the communities most at need.
  - **Long term development grants** for organisations of size £100,000 - £500,000 to build organisational capacity, innovation and deliver essential services.
  - **Multiyear strategic partnerships** to provide leadership, convene the sector and sustain community services.
- Sector coordination: The ICB to coordinate all VCFSE contracts through an anchor organisation such as the VCFSE Collaborative to streamline processes and reduce administrative time.
- Core principles: ICB commits to covering operating costs and simplifying processes for accessibility as well as embedding social value in commissioning and integrating prevention reinvestment mechanisms.
- VCFSE engagement: Resource for engagement and partnership embedded in all statutory contracts.
- ICB to share data and overall spend on all VCFSE contracts with a commitment to increase investment annually.

This will lead to:

1. Sustainable and equitable funding mechanisms established for VCFSE organisations across all sizes to be able to focus on improving population health.
2. Increased long term investment in prevention and community led health initiatives.

SCALABLE PRACTICE

Age Well Havering Place Based Partnership commissions Age UK Redbridge, Barking and Dagenham and Havering as a lead provider, sub contracting Red Cross to deliver services such as frailty support, falls prevention and Home From Hospital, reducing hospital admissions and length of stay.

PILLAR 4:
Investment in capacity, infrastructure, and leadership.

We recognise that sustainable partnership requires investment in the sector's foundational capabilities.

We recommend:

- Leadership development: ICB commits to developing a comprehensive programme focusing on underrepresented groups, including mentoring, peer learning networks and opportunities for learning in health and care leadership.
- Shared infrastructure: ICB to support with shared back-office services, including finance, HR, evaluation and marketing support, accessible to smaller organisations through membership models.
- Digital capacity: ICB to invest in digital infrastructure, training and support to enable full participation in integrated care pathways and data sharing agreements.
- Premises: ICBs to integrate VCFSE in neighbourhood health centres with co-location as a routine way of working. Consider opportunities presented by void premises in NHS estates.

This will lead to:

1. A sustainable, focussed and strategic VCFSE ecosystem that enables integration.
2. Improved VCFSE access to data infrastructure and digital capability (such as Optum), to be able to contribute to shared outcomes.

SCALABLE PRACTICE

Waltham Forest Place Partnership has developed a VCS Commissioning Strategy hosted by a VCS Alliance (including Healthwatch Waltham Forest), aligning contracts and using grants (such as Community Chest, Health Equity, Early Help and Creative Health) to support prevention, pathway development, shared VCSFE Leadership development and participation in governance.

PILLAR 5:
Improved data integration and digital interoperability.

It is important to create seamless information sharing between VCFSE and statutory sectors, while respecting data protection requirements and community sensitivities.

We recommend:

- Shared data platforms: Development of interoperable systems that allow VCFSE organisations to contribute their data and insight and access population health data.
- Community intelligence networks: Develop and nurture existing mechanisms for sharing community insights to be used as early warning systems for emerging health challenges, and feedback loops that inform service development.
- Proportionate evaluation: Remove burdensome monitoring requirements to outcome-focused evaluation that captures qualitative impact, community development outcomes and long-term population health benefits.
- Research partnerships: Enable formal partnerships with academic institutions to evaluate VCFSE impact, generate evidence for policy development and support joint funding applications.

This will lead to:

1. Access to Population Health Management (PHM) data and improved interoperability of data systems, enabling secure information sharing and evidence of VCFSE contributions to health outcomes.
2. Stronger mechanisms for capturing and utilising community intelligence that improve population health.

SCALABLE PRACTICE

As part of an equity-focused approach to improving access and outcomes in psychological therapies, three City and Hackney charities **(Derman** and **Mind City, Hackney and Waltham Forest)** are commissioned as NHS Talking Therapies providers. Their client data is fully integrated with NHS systems via the Health Information Exchange, enabling wraparound support and information sharing for people who often have multiple needs. The alliance (which also includes **ELFT** and **Homerton Hospital**) was recognised with a **HSJ** award in 2021 for exceptional outcomes.

PILLAR 6:
Shared resources and collaborative learning.

Development of sector-wide infrastructure that enables organisations to share knowledge, resources and expertise.

We recommend:

- Learning networks: Regular, funded networking opportunities that facilitate peer learning, best practice sharing and collaborative problem-solving across the sector.
- Shared training and support programmes: Joint training that covers data interpretation, economic analysis (such as social return on investment), safeguarding and clinical supervision.
- Resource libraries: Digital platforms for sharing tools, templates, evaluation frameworks and other resources, reducing duplication and supporting smaller organisations.
- Mentoring programmes: Formal mentoring relationships between larger and smaller organisations, supporting capacity building and succession planning across the sector.

This will lead to:

Learning networks and shared tools across VCFSE and statutory partners to strengthen collaboration and innovation.

SCALABLE PRACTICE

Community Action Redbridge was commissioned to develop a central digital space called a members hub. This platform allows Redbridge's VCFSE sector to interact, share updates and resources, and access essential tools. This helps to strengthen connectivity, productivity, collaboration and infrastructure and demonstrates that investment in digital capacity can support integration.

PILLAR 7:
Neighbourhood working and effective integration.

We recommend positioning VCFSE organisations and representation in core governance structures of commissioning as essential partners in the development of neighbourhood health services and integrated care teams.

We recommend:

- Neighbourhood Health Hubs: Integrate VCFSE organisations as core delivery partners in the development of neighbourhood health centres to provide community engagement, cultural competence and wraparound support services that address the wider determinants of health such as debt and social welfare advice.
- Integrated Neighbourhood Teams (INTs): Formal roles for VCFSE representatives within integrated neighbourhood teams, with a clear role for convening, collaborating and feedback to address population health.
- Investment: Increase funding for health creation activities and specific funded roles such as Community Health & Wellbeing Workers, Social Welfare Legal Advice, volunteering, peer support, trusted assessors and navigator roles.
- Community asset mapping: Comprehensive mapping of community assets, including formal and informal networks, cultural resources and social capital, to inform integrated care planning.

This will lead to:

VCFSE as core neighbourhood health partners in neighbourhood governance and delivery, with formal and informal roles in neighbourhood health hubs and Integrated Neighbourhood Teams, including clear responsibilities for convening, collaboration and feedback into commissioning.

SCALABLE PRACTICE

Ocean Estate Women's Group - a pilot project run by the **Bangladeshi Mental Health Forum** and ELFT, supporting middle aged women with depression and various health concerns. With a small investment (Clinical Psychologist, Community Worker and estate room hire) over 30 women were supported to build peer support, mutual signposting and address family network issues such as unemployment, financial concerns and domestic abuse. After initial investment, professional support is now arm's length, with group participants able to offer mutual support and signposting.

CHALLENGES TO EQUITABLE PARTNERSHIP

The predominance of smaller organisations (61%) reflects the sector's grassroots strength and reach. These organisations possess intimate knowledge of hyperlocal communities and can respond with agility to emerging needs, yet they often lack the infrastructure and resources for sustained strategic engagement with statutory partners. These grassroots organisations sit alongside a smaller number of larger providers and anchor institutions with capability to hold larger amounts of funding, deliver at a greater scale, innovate, lever funding and interface strategically with the health system.

The VCFSE Collaborative convened a series of focus groups with VCFSE organisations in Spring/Summer 2025, engaging 70 participants.[18]

The focus groups highlighted challenges that limit the sector's impact and prevent genuine partnership with statutory services. These discussions demonstrated rich and detailed insights which we consolidated and grouped below under four themes: funding and resource, engagement, communication and infrastructure and capacity. The table below also reflect how they are addressed through the seven pillars above.

Photo credit: **Photographer London.**

[18] See Appendix for more detail the approach taken with these focus groups.

Funding and resource - (addressed by pillar 1 and 3)	
Funding instability	Short-term and project-based funding that does not cover core costs or enable long-term planning impacts operational delivery, staffing levels and encourages "firefighting" rather than strategic or innovative thinking. The VCFSE brings a wealth of expertise but the instability described restricts strategic planning. The recent State of the Sector report also shows that Global Majority-led organisations experience lower success rates of funding applications, with 34% reporting they can't find appropriate funding courses to meet their needs.[19]
Essential costs	Current funding models rarely cover core costs, leaving organisations unable to invest in essential infrastructure including premises, technology and administrative support.
Competitive dynamics	The scarcity of funding leads to organisations feeling "pitted against each other," with complex funding processes that often favour larger, established organisations over grassroots initiatives.
Disproportionate reporting requirements	The scarcity of funding leads to organisations feeling "pitted against each other," with complex funding processes that often favour larger, established organisations over grassroots initiatives.
Engagement (addressed by pillar 1, 2 and 7)	
Tokenistic engagement and power imbalance	Power imbalances mean statutory partners control agendas, timescales, funding and decision making. VCFSE involvement can become tokenistic consultation, rather than true co-design.
Accessibility barriers	Engagement can fail to accommodate the diversity of the sector, with meetings scheduled during service delivery hours, use of inaccessible venues and persistent use of technical language.
Recognition gaps	VCFSE expertise in community development, cultural competence and lived experience can be undervalued or not used enough. There can be an expectation to provide free input, whilst other sectors charge consultancy fees.

[19] Tower Hamlets CVS (2025) State of the Sector Report: NEL VCFSE Collaborative. P. 25.

Infrastructure and capacity (addressed by pillar 4, 5 and 6)	
Infrastructure, resources and premises	Current funding models often exclude core costs which prevent investment or ongoing maintenance of essential infrastructure including premises, technology and administrative support. This is also reflected in the State of the Sector report, that shows 38% of VCSFEs premises pose a significant challenge to their organisation (e.g. cost, size, accessibility, suitable tables and chairs). The lack of affordable and accessible community spaces limits the sector's operational capacity, service delivery and ability to reach the communities most at need.
Digital infrastructure	**The 10 year health plan** aims to accelerate digitalisation, but many smaller organisations lack the resources for robust digital platforms.
Operational capacity	Lack of administrative support within VCFSE organisations and increase of referrals can disrupt service delivery whilst also limit the ability to apply for funding and demonstrate impact.
Communication (addressed by pillar 2, 6 and 7)	
Understanding across sectors	The complexity of the health and care system, and changing structures, creates barriers for VCFSE organisations seeking to engage meaningfully. Likewise, statutory partners can struggle to understand the makeup, strengths and true value of the VCFSE. The State of the Sector report shows only 32% of VCFSE organisations understand ICB systems whilst only 27% understand NHS commissioning.[20]
Data access and sharing	Difficulties for VCFSE organisations in accessing health data and being unable to share their own insight effectively, hamper collaborative problem solving.
Difficulties evidencing effectiveness	Short term funding hampers effective measurement of longer term outcomes around prevention. Lack of shared IT systems means that even where there is evidence, the VCFSE can struggle to communicate with statutory services.

[20] Tower Hamlets CVS (2025) State of the Sector Report: NEL VCFSE Collaborative. P. 33.

NEXT STEPS

The recommendations and pillars set out the priorities and shared responsibilities between statutory partners and the VCFSE sector and are informed by evidence based collaborative commissioning examples developed in NEL.

In the coming months the VCFSE Collaborative will work closely with the ICB to facilitate these pillars and recommendations through our representation across governance structures.

CONCLUSION A FUTURE OF EQUITABLE PARTNERSHIP

The VCFSE sector's strengths in community trust, cultural competence, innovation and health equity are essential to an effective system, meaning clinical care must be complemented by deep community engagement, cultural understanding and asset based approaches, supported by genuine power sharing and sustainable funding.

Within a national context that prioritises prevention and neighbourhood working, we believe the seven strategic pillars offer ambitious but achievable enablers for transformation. The vision is of a North East London where residents can thrive, communities shape the services that affect their lives, and health is created through genuine partnership between statutory services and the VCFSE sector, which stands ready to be a true partner in this change.

Photo credit:
The Renewal Programme

APPENDIX

A. Potential Projects

These are examples in how the VCFSE can be commissioned by utilising our strengths as a sector.

Short-term vaccination project

A 12 week project to improve vaccine update in a targeted community, working with community health professionals to offer vaccination talks and clinics in VCFSE settings (including faith). This project could deliver 1,500 new vaccinations to residents with the greatest health inequalities in a 3 month period by using the trusted relationships and community settings of small VCFSE groups. This can be repeated for different targeted communities and for different vaccines. This would build trust and networks in the event of a outbreak or pandemic, with a structure that could be mobilised very quickly in the event of an emergency.

Longer term project to tackle specific health conditions

Building on the long term condition pilots in 2025, a 5-year project to target those communities most impacted by a long term condition across North East London. Co-produced in each place with regular learning sessions and networks across boroughs. Includes small VCFSE groups who have trusted relationships with residents, with a focus on hyper local working as well as more strategic work across NEL. Smaller groups would be supported by anchor organisations in each place. The project would therefore focus on the wider determinants of health as well as the condition itself, thus placing the emphasis firmly on prevention and tackling health inequalities.

B. Methodology

The challenges were captured across a series of in-person focus groups in Summer 2025. We asked four main questions (questions below), each of which had prompts. Discussions were held in small groups followed by wider group discussion. We also gathered feedback from ICP stakeholders which include Local Authority (LA) representatives, Healthwatch and ICB colleagues.

A - Collaboration

1) What should good collaboration with the health system feel and look like, especially in the context of the shift from 'treatment to prevention'?

- What would it look and feel like?
- What's our dream scenario as VCFSE partners for supporting the health & wellbeing, and health inequalities of our population?
- How would you rate current standard of collaboration with other system partners (ICB and LA
- How might we work towards the gold standard of collaboration? (what is needed to get there?)
- What's happening already?

2) How should we as VCFSE sector influence change to foster better collaboration?

B - Challenges and Opportunities

3) What are the key challenges for VCFSE and how has the VCFSE tried to address these?

- Are there different challenges for smaller groups/organisations?

4) What are the key opportunities for VCFSE and collaborating with system partners? Think big! Bold.

- Data and case studies.
- Trust in communities

5) What are the key leadership opportunities for VCFSE?

- Is there a lack of leadership opportunities?

C - Sustainability

6) What support is needed for VCFSE to address the challenges identified?

- Consider support such funding and non funding support.
- Consider how we work in an integrated neighbourhood approach.

7) What are the local priorities?

8) How can the VCFSE work to enhance community voice?

D - Relationships and collaboration

9) How can procurement (commissioning) and funding opportunities be improved? Can we codesign these processes, share the good practice?

10) What is your engagement and relationship with the NHS and other statutory partners?

- If challenging, explain why?
- If positive, explain why?

11) How can our work in VCFSE be better integrated into the health system, particularly highlighting our role in prevention? How can we share information and good practice? What can we do collectively? What do we need support to do?

ACKNOWLEDGEMENTS

We would like to thank everyone who attended our focus group sessions and colleagues at the Integrated Care Partnership for their contribution to this strategy.

ACRONYM LIST

CVS - Council for Voluntary Service.
ELFT - East London Foundation Trust.
ICB - Integrated Care Board.
ICP - Integrated Care Partnership.
INT(s) - Integrated Neighbourhood Team(s).
LA - Local Authority.
NEL - North East London.
NHS - National Health Service.
NNHIP - National Neighbourhood Health Implementation Programme.
PCN(s) - Primary Care Network(s).
PHM - Population Health Management.
VCFSE - Voluntary, Community, Faith & Social Enterprise.

ABOUT THE NEL VCFSE COLLABORATIVE

The North East London (NEL) Voluntary, Community, Faith and Social Enterprise (VCFSE) Collaborative, hosted by Tower Hamlets CVS, acts as a strategic link between the region's VCFSE sector and NHS North East London. It ensures two-way communication and integrates community voices into strategic health and care decisions. The Collaborative provides advice and guidance to the NEL Integrated Care Board (ICB).

It focuses on improving health and social care by integrating services and fostering partnerships. The initiative encourages shared resources, knowledge, and best practices to address local health challenges effectively.

By engaging diverse stakeholders, the Collaborative seeks to empower communities, promote health equity, and ensure that services are responsive to the needs of residents. Ultimately, it strives to create a sustainable and inclusive health care environment for all.

For further information or for support please contact us at **nelvcse@thcvs.org.uk.**

NEL VCFSE Collaborative

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

NEL VCFSE Collaborative
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