



The Model Integrated Care Board: A Strategic Partner for the VCSE Sector

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Sheffield, S1 4FW

Dr Penny Dash
Chair of NHS England and NW London ICB

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Re: Review of ICB Functions

Dear Dr Penny Dash

We're a new collective of 42 Voluntary, Community, Faith and Social Enterprise (VCSE) Alliances working across England, in partnership with each ICB, writing to congratulate you on your new role as NHS Chair and to outline how *our sector should be included in the current ICB review process and in the revised ICB model.*

As an Alliance of the 42 local VCSE Alliances that cover England, we connect to tens of thousands of local groups committed to improving the health and care of our communities. We have worked closely with our integrated care systems (and STPs before that), as partners, for many years now, with support from a national NHS programme going back to 2018 that has carefully codesigned and nurtured locally determined VCSE Alliances in line with national guidance, *ICS Implementation Guidance on Partnerships with the VCSE Sector* (NHS: 2021, updated 2022).

The *Integrated Care System: Design Framework* (NHS: June 2021) describes us as "a vital cornerstone of a progressive health and care system" (p.28) and yet it is unclear how our sector is being included in the ongoing review of ICBs (of which we

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are full partner members in many instances). We appreciate these are challenging times but would always hope for better involvement.

We believe that a revised model ICB should continue as a system convenor/integrator with a **duty to ensure the VCSE sector is a full partner in shaping strategy, governance (included as full partner members on ICBs by default), and in delivery of that strategy**, alongside other partners.

As a sector we have much to offer around the three NHS shifts, in implementing Lord Darzi's Review, in creating better models of mental health support and prevention, improving patient flow to create the space for upstream investment, creating wrap-around support for virtual wards, creating targeted screening engagement, mitigating frailty, tackling inequality of access, etc, and developing healthy neighbourhood models. **Healthy Neighbourhoods, with local VCSE groups and networks fully included, must be seen as the fundamental building block of medium- and long-term improvement and efficiencies.**

We see **engagement with our sector as fundamental to developing strategic commissioning**. For too long we have looked at managing sickness and not creating the ability to look at the 80% of health care outcomes that are not addressing by NHS colleagues.¹

Evidence suggests a social and economic return on investment of £3.50 for every £1.00 put into the VCSE sector.² This is strategic commissioning for social value: you put money into a local VCSE through grants and contracts and they'll unlock volunteering power that's good for people's health; they'll go and fundraise from philanthropic sources and add money into the local 'system', multiplying resources rather than costing money to the 'system'. That's all on top of the service delivery, which creates its own social value dynamic.

We know that it is hard to account for this in annual ICB financial plan submissions, but it is part of the broader truth about system working. We contend it will help NHS prevent deficits and demand becoming larger over the period of implementation of the ten-year plan. We also see VCSE involved in waiting well for elective surgery; supporting hospital discharge processes; and reducing frailty as a risk factor for falls that lead to admissions. There are examples of amazing practice across many of systems and we need to get better at transferring and sharing this learning.

¹ <https://www.england.nhs.uk/blog/acting-on-the-wider-determinants-of-health-will-be-key-to-reduced-demand/>

² Chapman T. (2022). Third Sector Trends in England & Wales 2022: sector structure, purpose, energy and impact. Fig. 10 (page 13): <https://www.communityfoundation.org.uk/wp-content/uploads/2022/11/Third-Sector-Trends-in-England-and-Wales-2022-structure-purpose-energy-and-impact-November-2022.pdf> Third Sector Trends

To become *strategic* commissioners, **ICBs need to better understand and manage, with us not to us, the local VCSE ‘market’**, using s.75, the Provider Selection Regime and local intelligence in much more effective, collaborative and innovative ways. With about 57,000 VCSE organisations directly working on personal health and wellbeing across England³ and many more working on the wider determinants of health, ICBs will need support from VCSE Alliances and [Local VCSE Infrastructure Organisations](#) (federated by NAVCA) to understand the social sector in their systems.

In terms of existing ICB duties concerning **public engagement, consultation, involvement**, given the current reductions in ICB colleagues, there needs to be serious consideration as to how these can and must be met in a meaningful way.

Equalities in access and delivery needs to be better embedded and driven.

Core 20+5 has often felt the responsibility of the ICP and yet not always written into commissioning processes with the kind of authority needed.

Clearer thinking needs to be given to health and care pathways that better connect into community and VCSE delivery and engagement. We believe that our sector’s passion, innovation and values-driven approaches need to be better embraced if we are going to create an effective, integrated, collective culture for improving health and care in all our communities. **Workforce strategies need to link to the whole health and care workforce.** We believe this is an important step in driving a change in working cultures.

Clearly, we see the **convening power of VCSE Alliances as fundamental to underpinning ICBs.**

We also see Alliance42, and how we begin to share learning and innovation, across England, about system, place, health neighbourhood and NHS service delivery pathways, as an important development in how our sector drives improvement. Even before our formal launch, NAVCA are leading on a piece of work commissioned by colleagues in Nottinghamshire, consulting Alliance42 members on best practice across England, to understand how to **scale up the VCSE role in hospital discharge.**

Alliance42’s steering group, consisting of agreed representatives from each NHS region, nominated by the 42 VCSE Alliances, will meet for the first time in the next few weeks. We would welcome the opportunity to meet with you and discuss how we better work together and **ensure VCSE involvement in fundamental pieces of work** as this review of ICBs.

³ Chapman, T. (2022) *ibid*, p34

We hope our suggestions are considered and look forward to hearing from you.

Yours,
Interim Alliance42 Steering Group

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