

How West Yorkshire became the first “Keep it Local” Integrated Care System

March 2026



VCSE
health &
wellbeing
alliance ■

locality
the power of community

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Executive summary

Keep it Local is an initiative of Locality – the national network supporting local community organisations to be strong and successful.

It entails a commitment by local public sector bodies to **six key principles** that improve local, person-centred services by unlocking the power of community:

- 1  **Think** about the whole system not individual service silos.
- 2  **Co-ordinate** services at a neighbourhood level.
- 3  **Increase** local spend to invest in the local economy.
- 4  **Focus** on prevention now to save costs tomorrow.
- 5  **Commit** to your community and proactively support local organisations.
- 6  **Commission** services simply and collaboratively so they are “local by default”.

The approach has been adopted by 18 local authorities across England.

In March 2024, West Yorkshire became the first Integrated Care Board (ICB) in the country to adopt the approach. With the five local authorities already signed up, this made [West Yorkshire the first “Keep it Local” Integrated Care System](#) (ICS).

Following this, Locality worked with the ICS through its VCSE Alliance (known as “[Power of Communities](#)”) to support its development and implementation of the approach in key areas based on its guidance, “[Keep it Local for Better Health: How Integrated Care Systems can unlock the power of community](#)”.

These include those areas which enable the delivery of the government’s shift of the NHS to a community-based, prevention-focussed, “neighbourhood health service”. This report explains this process and explores the learnings

from it to help other ICSs understand how they might follow suit.

Context

There is a long and well-developed culture of statutory bodies working with the VCSE sector in West Yorkshire, including through its established VCSE infrastructure organisations and ongoing investment in each of its five Places (local authority areas - Bradford District & Craven, Calderdale, Kirklees, Leeds and Wakefield District).

Since it came into being, the ICS has put much time and effort into developing [Power of Communities](#). The Alliance has been nationally recognised for its best practice in how ICBs work with the VCSE sector. This has provided a strong foundation for it to become the first Keep it Local ICS in the country.

Why become a Keep it Local ICS?

Partners in West Yorkshire wanted to build on this strong foundation and adopt Keep it Local to further strengthen the role of the VCSE sector within the ICS, and in doing so:

- provide a clear and easy-to-understand narrative and framework for all stakeholders on the VCSE sector's role
- help make embedding the VCSE sector in the ICS "everyone's business"
- support the ICB to explore what Keep it Local looks like in practice for it as an organisation
- support statutory partners to genuinely work in an integrated way with the VCSE sector
- secure expert support from Locality, as national leaders in the integration of local VCSE organisations in systems.

The ICS's priorities to Keep it Local

In collaboration with local VCSE organisations, West Yorkshire ICB agreed three priorities to begin embedding the Keep it Local approach:

1. Mapping existing work under the six principles and agreeing priority areas to develop
2. Gaining a better understanding of investment levels in the sector and helping to influence strategy, planning, and decision-making affecting its sustainability
- 3 Understanding how to embed the approach within the ICB's teams and their functions, beginning with Contracting and Procurement.

The latter has led to the most significant development so far – the production of a matrix of questions under the Provider Selection Regime (PSR – the rules governing the procurement of health services in England) that remove any disadvantage faced by local VCSE organisations in the commissioning process and allow them to demonstrate their unique strengths.

The challenges of adopting Keep it Local

Key early challenges to be addressed and learned from in West Yorkshire ICS's adoption of Keep it Local included:

- **Adapting the Keep it Local approach to an ICS structure for the first time.** Having been originally designed for adoption by local authorities, the ICB, Power of Communities, local partners and Locality had to troubleshoot how best to adapt it to an ICS. This included the strategy taken to help embed the approach across a much larger and more diverse System.
- **Changing national, regional, and local contexts**, such as:
 - the requirement to reduce ICB running costs rising from 20 per cent in 2024/25 to 30 per cent in 2025/26 and subsequently by a further 50 per cent by the end of March 2026
 - subsequent tighter controls on expenditure that risked disproportionately impacting the VCSE sector; uncertainty in the introduction of a new government and the development of its 10 Year Health Plan for England (10 Year Plan)
 - the announcement of West Yorkshire's involvement in the national 'Get Britain Working' programme which diverted ICB staff capacity.

Throughout all of these, though, the decision to become a Keep it Local ICS was found to provide a valuable framework for responding to each challenge.

Where next for Keep it Local in the ICS?

In the current context of change for the health system, West Yorkshire ICS has committed to embed the changes they have already initiated across the whole System. They see this as key to delivering the 10 Year Plan and its “three shifts”. This includes:

- continuing to embed the approach within the ICB’s teams and their functions, with an ongoing focus on contracting and procurement
- continuing to develop a shared, maturer understanding of investment into the local VCSE sector
- continuing to provide tools / “permissions” at a System level to enable Keep it Local within its Places and Neighbourhoods
- exploring the Keep it Local agenda across other programme areas and priorities within the West Yorkshire Integrated Care Strategy and based on what VCSE leads identify as priorities
- working with local Keep it Local Councils to develop a wider West Yorkshire approach
- exploring Keep it Local with West Yorkshire Combined Authority to strengthen a shared way of working at a regional level
- working to embed Keep it Local in the development of integrated neighbourhood health.

A broader key opportunity is to explore what Keep it Local means in West Yorkshire in the context of the new ICB model and how it operates as a “strategic commissioner”. West Yorkshire sees the approach as key to this national direction with a big opportunity for even greater integration of the local VCSE sector, including in the development of integrated neighbourhood health.

Conclusion – learnings for other ICSs

West Yorkshire ICS recognises that reductions in ICB running costs and workforce pose a risk to embedding the Keep it Local approach. But, in the face of this, they emphasise the importance of aligning the approach to transformation priorities and being clear on the value it brings to the way ICSs work and the health and wellbeing outcomes for local people.

They recommend the following for other ICSs looking to adopt the Keep it Local approach:

- Strengthen relationships and ways of working with the VCSE sector as a driver for innovation and transformation, moving away from commissioner / provider behaviours
- Strengthen and deepen understanding of how you currently work with the VCSE sector, including utilising existing ICB VCSE Alliance structures or other similar models
- Strengthen integrated working by working jointly with your local councils
- Explore with other health and care partners what it means to apply Keep it Local, particularly in the context of the strengthened role for Place based providers as outlined in the 10 Year Plan. ■

1.

Introduction



In March 2024, [West Yorkshire became the first Integrated Care System \(ICS\)](#) in England to adopt the [Keep it Local](#) approach.

In signing up to the six Keep it Local principles, the ICS joined 18 local authorities across the country already committed to creating better services that reduce long-term costs and strengthen the local economy.


Keep it Local is an initiative of [Locality](#) – the national network supporting local community organisations to be strong and successful.


The ICS adopted the approach after feeding into Locality’s report [‘Keep it Local for Better Health: How Integrated](#)

[Care Systems can unlock the power of community’](#).


That guidance combined the learning of three years of policy research on the national [VCSE Health and Wellbeing Alliance](#) with 10 years’ experience of growing the Keep it Local campaign.


It presents a clear and effective approach for ICSs to achieve their priorities by unlocking the power of community through the six Keep it Local principles:


 **1 Think** about the whole system not individual service silos

 **2 Co-ordinate** services at a neighbourhood level

 **3 Increase** local spend to invest in the local economy

 **4 Focus** on prevention now to save costs tomorrow

 **5 Commit** to your community and proactively support local organisations

 **6 Commission** services simply and collaboratively so they are “local by default”

These principles – and the practical guidance on implementing them within ICSs – are a key mechanism for delivering the government’s shift of the NHS to a community-based, prevention-focussed, “neighbourhood health service”. They commit ICSs to prioritise commissioning, working with, and supporting local voluntary, community, and social enterprise (VCSE) organisations.

As such, West Yorkshire has made a trailblazing but timely commitment to Keep it Local, placing it in a strong position to achieve this shift in practice.

In the year following its adoption of Keep it Local, Locality worked with the ICS through its VCSE Alliance (“[Power of Communities](#)”) to support the development and implementation of the approach in key areas.

This report explains this process and explores the learnings from it to help other ICSs understand how they might follow suit. It also explores how the differences in size, structure, and remit of ICSs compared to local authorities affects how the approach is most effectively adopted. ■

2.

What is the context for West Yorkshire ICS and the local VCSE sector?



ICSs play a vital role in bringing together all actors in health and care across their footprint to catalyse integration, innovation, and transformation of services. The local VCSE sector are a foundational partner in every System.

As such, when ICSs took a statutory footing in July 2022, they were required to embed VCSE partnerships across the System. The requirement included:

- A memorandum of understanding between the NHS Integrated Care Board (ICB) and the VCSE sector
- A governance structure setting out how the VCSE sector can play a full role in shaping and influencing strategy, plans, and delivery within the ICB.

This has led to the development of “VCSE Alliances” – System-level groupings of key local VCSE infrastructure organisations and other key VCSE partners designed to act as a single channel of communication and collaboration between the ICB and the wider VCSE sector locally.

This has been a learning journey for all ICBs. However, partners in West Yorkshire, were well placed to respond. The region has a vibrant and diverse VCSE sector, with research estimating that there are:

- **13,987** VCSE sector organisations (registered and unregistered)
- **31,875** employees delivering **52.4m** working hours a year
- **126,000** volunteers giving at least **9m** hours of work valued at between **£89m** and **£126m** a year
- A direct economic value of **£1.4bn** and a total estimated value of **£5.4bn** when considering added and social value.¹

Statutory bodies across West Yorkshire have a long running history of working with the VCSE sector and well-developed

VCSE infrastructure organisations, and of ongoing investment in each of its five Places (local authority areas – Bradford District & Craven, Calderdale, Kirklees, Leeds and Wakefield District).

Partners recognise that the local VCSE sector is key to maintaining and improving the health and wellbeing of communities. They understand the intrinsic value it brings that the statutory sector cannot replicate: the trust and connection to meaningfully reach and work with local people. They work through people’s complex issues across the ICS, acting as a catalyst for integration and preventing and tackling health inequalities at all levels.

Since the formation of West Yorkshire ICS, statutory health and care partners and the local VCSE sector have also worked together to better connect with and understand each other, strengthening the integration of all partners’ work. This is supported by each local authority having already signed up to the Keep it Local principles themselves.

West Yorkshire ICS has put much time and effort into developing Power of Communities. It is regularly held up as an example of best practice ICB-VCSE sector partnership. This has provided a strong foundation for it become the first Keep it Local ICS in the country.

The ICS has a clear ambition to realise the full potential of its VCSE sector in delivering its Integrated Health and Care Strategy and its associated priorities. This includes maximising impact through effective collaboration, particularly with grassroots and small local VCSE organisations. ■

¹ See: <https://www.wypartnership.co.uk/our-priorities/harnessing-power-communities/yorkshire-and-humber-research-launch>

3.

What role does the Power of Communities programme play in West Yorkshire?



There are several key features of Power of Communities that have made it a leading example of the VCSE Alliance model:

- **It is VCSE-led with a strategic model of distributed leadership among its members. It acts as a catalyst for strengthening how the ICS works with the VCSE sector**

Power of Communities has supported VCSE infrastructure organisations and other key VCSE partners to work collaboratively on a West Yorkshire footprint. This way of working has been embedded within the ICS, and within the ICB when it became a formal body, with meaningful relationships developed both within the VCSE sector and with statutory health and care leaders.

This has allowed Power of Communities to embed a strong voice for the VCSE sector in ICB / ICS strategy and plan and leverage further funding towards the sector.

- **It has parity with other functions in the ICB and across the ICS**

This includes [a VCSE voting member on the ICB](#) (a paid position currently held by the CEO of a local mental health charity) and dedicated staff capacity focused on the VCSE and funded by the ICB.

This has meant that Power of Communities is fully embedded and recognised within the governance arrangements of the ICB and ICS at both System and Place levels. This has been a significant advantage in building understanding and commitment to the Keep it Local approach.

- **It helps to create greater parity between the local VCSE sector and statutory health and care organisations**

Through Power of Communities, the local VCSE sector has been able to advocate for parity and inclusion in a range of areas, including:

- health and care workforce offers, including mental health and wellbeing support, training and development, and leadership opportunities
- representation from the VCSE sector on decision-making groups
- co-production approaches when working with other functions / programmes with the VCSE sector as an “equal” partner.

This included having a reimbursement framework so that small and grassroots VCSE organisations are able to take part where possible. ■

4.

How have foundational ways of working enabled this relationship with the local VCSE sector?



Several cultural factors in the development and running of West Yorkshire ICS have enabled a strong relationship with the local VCSE sector:

- **Its missions, values, and behaviours**

The collaborative nature of the ICS has been a key condition for success. From its inception, it has had a set of missions, values and behaviours that have enabled the Power of Communities function to embed the VCSE sector as a key partner within the System.

The ICB recognised from the outset the unique role of the VCSE sector in contributing to the shared missions of tackling health inequalities, reducing variation, personalising care, preventing ill health, and working with communities at a Neighbourhood level.

It has understood that investing in the VCSE sector can make better use of collective resources and can secure wider benefits through the “intrinsic” social value a local VCSE organisation brings (see p. 26 for more on this).

- **A culture of transparent, open and supportive System leadership**

The shared mission, values, and behaviours, above, have established a culture that has helped develop meaningful ongoing relationships with the VCSE sector at all levels of the ICS.

This has included regular workshops and meetings between VCSE leaders and statutory health and care leaders.

The proactive engagement of senior leaders across the ICB with Power of Communities has produced a network of allies and influencers wanting to transform how they work with the local VCSE sector.

These colleagues recognise that being a genuine System leader means connecting and collaborating with the local VCSE sector and owning work together as equal partners.

- **A maturer understanding of the unique skills and assets of the local VCSE sector to deliver the West Yorkshire Integrated Care Strategy**

Significant work has been undertaken in West Yorkshire to really understand the VCSE sector and its diversity across its Places, through research, evidence and data. Power of Communities has also been able to capture and share “live” intelligence to shape decision making across the ICB and ICS.

This has led to innovation and wider collaboration helping to address challenges around local VCSE sector sustainability – for example, through inclusion of the sector in ICB’s Risk Register at System and Place levels.

Top tips for ICSs:

- **Build on the strengths and assets of the VCSE sector in your ICS**

In West Yorkshire, partners recognised that there was already a range of existing strengths, assets, relationships, networks, and infrastructure across the VCSE sector.

Rather than creating something “new”, the ICS recognised the value of identifying and building on what already existed and was working effectively. Its existing VCSE infrastructure organisations were established, recognised, and embedded in their Place.

So, the development of the VCSE function in the ICS (Power of Communities) was led by VCSE infrastructure organisations. This enabled greater connection to the wider sector and an inherent understanding of VCSE and community priorities and needs.

The ICS also identified and worked alongside existing allies in different parts of the System to build traction for the Keep it Local approach, whilst steadily continuing to build a wider range of advocates across the System.

The ICS also recognised that the VCSE sector was not homogenous and differed across and even within Places. As such, it was key to enable the sector to connect more with itself, invest in relationship building across the System, and nurture allies at all levels and within all functions.

- **Truly embed the VCSE Alliance within your ICS governance structure**

When the ICB was established in West Yorkshire, a decision was made

to fund permanent staff focussed on VCSE partnerships at Senior Responsible Officer, ICB Board level, Associate Director and Programme Manager levels.

These roles provided the capacity to take forwards the shared priorities and ambitions of the VCSE sector and the ICS. This enabled active involvement of the sector at a strategic level and within decision making and the development and delivery of strategies, plans and policies. This has led to the sector being better understood, valued, and embedded across the System.

The VCSE Board member also co-chairs the ICS’s Neighbourhood Health Board – an example of VCSE leadership outside of the scope of Power of Communities.

- **Continually invest time, space, and resources in bringing the VCSE sector together with senior health leaders**

When creating a memorandum of understanding (MOU) between the ICB and the VCSE sector, partners in West Yorkshire invested time and energy to ensure whole-System buy-in. The process took over a year with regular workshops with VCSE leaders, the ICB Chair, and System-wide Chief Executives and Directors. This has ensured it is an active and meaningful document which underpins our collaborative working.

Beyond developing and signing the MOU, the ICB has continued to work alongside System leaders to ensure the VCSE sector are actively involved in key conversations. ■

5.

Why did West Yorkshire become a Keep it Local ICS?



The strong foundations of partnership between the ICS and the VCSE sector through Power of Communities were an enabler to the adoption of Keep it Local and its six principles.

By early 2024, significant progress had been made to allow the ICS to formally adopt the Keep it Local approach. However, there were key areas identified for development:

- **A clear and easy-to-understand narrative and framework**

Positively, with Power of Communities strengthening the role of the VCSE sector in the ICB, a stronger relationship had evolved between the VCSE and partners across System and Place level of the ICS.

However, it had become challenging to keep track of and articulate the key priorities and actions to ensure accountability for progress. The ICB realised it would be helpful to bring the commitment together within a clear framework.

The Keep it Local approach and its six principles offered a way to do this – aligning, communicating, and progressing the different priority areas.

- **Making it everyone’s business**

By formally signing up to the six principles, the ICS made working with the VCSE sector everyone’s business. This created momentum and capacity:

- across different functions / programmes and teams at a System level, with ICS staff proactively thinking through how Keep it Local applies to them (eg, in Contracting and Procurement, Finance, Integrated Neighbourhood Health, Urgent and Emergency Care, etc)

- to build Keep it Local into new ICS strategies (eg, the “Urgent and Emergency Care Blueprint” and the “Integrated Neighbourhood Health Blueprint”)
- in each Place, giving the ICB’s VCSE leads the “permission” to explore with ICS colleagues how they were applying the Keep it Local principles
- by giving local VCSE leaders a tool to drive forward key actions at both System and Place levels.

- **Genuinely working as an Integrated Care System**

The Keep it Local framework created an opportunity to strengthen how Power of Communities and the wider VCSE sector work with the West Yorkshire Combined Authority and local councils.

At Place level, becoming a Keep it Local ICS created the opportunity for the ICS to learn from and strengthen work with each of the local authorities that were already Keep it Local Councils.

At a System level, discussions were able to progress with the West Yorkshire Combined Authority and other regional partners to build on existing opportunities for a more joined-up approach to working with the VCSE sector.

- **Expert support from Locality**

While the work of Power of Communities was recognised as national best practice, there was recognition of the continuous and ever changing challenges facing the VCSE sector particularly in the current financial context.

The ICS has stated that accessing expert consultancy support from Locality meant that it has been able to:

- learn from good practice occurring across the country to act as a catalyst in tackling “wicked issues”
- receive expert advice and guidance, with Locality staff often acting as

an independent sounding board both to help the region to recognise its strengths and identify areas for development

- plan innovative themed workshops and sessions to explore key areas for development with partners

Top tips for ICSs:

● **Build buy-in from key partners and leaders to become a Keep it Local ICS**

If you're interested in becoming a Keep it Local ICS, first speak to your VCSE Alliance to see if it's something they'd support. Ask them what they would want from a Keep it Local approach and how it aligns with what is important to them.

Also ensure that the ICB Chair and Chief Executive and the wider senior management team are well briefed in the approach to help secure buy-in.

● **Speak to Locality about the support available to help you through the process.**

Through its well-established Keep it Local Network and evidence and guidance, Locality can support ICSs to adopt and implement Keep it Local in the most meaningful way for local partners.

● **Adopt the Keep it Local approach formally but as an ICS-wide commitment towards best practice, rather than as an end in itself**

In West Yorkshire, this involved a process of building understanding of the approach and how it might

enable the System to strengthen its ways of working with the VCSE sector.

Once buy-in was secured from senior leaders and Power of Communities members, the proposal for adoption was taken first to the ICB Board to commit to the principles as an organisation, then the full ICS Partnership Board. Here, the ICS formally agreed to adopt the Keep it Local approach.

This was followed by VCSE infrastructure leaders at Place level ensuring senior leaders were aware of and embedding the approach locally.

● **Continually communicate with partners across the System to build awareness of the approach and its impact**

In West Yorkshire, all opportunities were taken to publicise and discuss the approach, including through ICB and ICS newsletters and updates, web pages, videos, online engagement and information sessions, and through a wide range of programme and function boards and networks. ■

6.

What did West Yorkshire focus on in its first year of being a Keep it Local ICS?



Working alongside VCSE infrastructure leaders from across West Yorkshire, the ICB agreed three clear priorities to begin embedding the Keep it Local approach.

These were informed based on the principle of subsidiarity that is fundamental to how ICSs should work – that decision-making should happen at the most local level appropriate. In this context, it meant ensuring the priorities were VCSE-sector-led, with Power of Communities asking each local VCSE infrastructure lead and other sector members what they wanted the key focusses to be.

1. Mapping existing work under the six principles and agreeing priority areas to focus on and develop.
2. Using the approach as a mechanism to support local VCSE sector sustainability by gaining a better understanding of investment levels in the sector and helping to influence strategy, planning, and decision-making affecting it.
3. Understanding how the approach could be practically embedded within the ICB's teams and their functions. This began with Contracting and Procurement, seen as necessary to tackle long-term disadvantages faced by local VCSE organisations in the tender process and allow them to demonstrate their unique strengths.

These priorities were then actioned in several ways:

- **Exploring Keep it Local with the ICB's Finance team to develop a better understanding of investment in the local VCSE sector**

A key factor in the ICB's adoption of the Keep it Local approach was the support of the Director of Finance and Deputy Chief Executive. Positively,

after becoming a Keep it Local ICS, dedicated wording was included in the Finance leads' personal objectives around strengthening how they work with the VCSE sector within their portfolio.

- **Strengthening the local VCSE sector's relationship with the ICB's Finance team**

As part of the ICB's operating model review at the System level, a named Finance lead was established for the VCSE and Communities.

Power of Communities strengthened its relationship with this individual to increase their understanding of the programme, the local VCSE sector, and the opportunities and challenges for maximising the role of the local VCSE sector in delivering the West Yorkshire Integrated Care Strategy. This led to the Finance lead becoming an associate member of the Power of Communities Board.

This has helped to significantly increase transparency and understanding of the ICB's processes and decisions, challenge misconceptions, explore how best to position the VCSE sector in response to a challenging financial operating context, and meaningfully strengthen relationships with Finance colleagues.

This work also included identifying a lead to explore how the ICB develops a maturer way to understand its investment levels in the VCSE sector at System and Place levels, aligned to the Keep it Local approach.

- **Developing a maturer understanding of the ICB's investment into the VCSE sector**

A key Keep it Local principle and a priority for the ICS was to "increase local spend to invest in the local economy". However, there was a need to understand the current level of investment into the VCSE sector to develop a baseline.

As explained below, this on its own proved challenging. However, there was a firm commitment from senior leaders to progress this work through the following stages.

Firstly, there was a need to develop a shared understanding of what the ICB's investment in the local VCSE sector looked like across Places.

Following this, the Chief Finance Officer and the VCSE ICB Board Member sent a letter to each ICB Accountable Place Officer, asking for an overview of their Place's approach to, and levels of, investment in their local VCSE sector.

Each Officer produced a report for their Place to the West Yorkshire System Oversight and Assurance Group. In reviewing these, several areas of work were identified:

- **Develop a shared understanding between the ICB and VCSE sector at Place levels to underpin this analysis** – There were a number of inconsistencies between the picture presented by the ICB at Place level and the sector's perception and knowledge of itself. Also, data was recorded in different ways, understanding of which organisations were defined as VCSE differed, and there was a wide variance in the use of contracts or grants.
- **Based on this, develop a consistent approach to understanding and analysing VCSE investment levels across Places** – Each Place did not consistently apply the same approach or criteria for how it was capturing VCSE spend. This made it difficult to develop a clear System-level understanding and meaningfully compare the approach taken by different Places.
- **Develop an agreed and consistent definition of the VCSE sector** – The definition of "VCSE" was interpreted differently, meaning data was not consistent or fully accurate across Places.

As a result of the of the above, two key actions were identified:

1. Each Place should explore the Keep it Local approach and investment in the local VCSE sector. This has resulted in a range of positive actions, eg:

- **Calderdale** – Embedding Keep it Local within their [Calderdale VCSE Strategy](#)
- **Leeds** – [Joint workshops and position statement on the VCSE sector](#)
- **Wakefield** – Commitment to embed Keep it Local as part of their new [VCSE Strategy](#)

2. At a System level, a shared approach to understanding VCSE investment levels should be developed, starting with the ICB. This has become a longer, ongoing piece of work due to its complexity.

The Finance Communities Team identified a lead and capacity to progress this work through their regular team meetings.

Following this, progress was made to:

- Develop a VCSE provider list that the ICB directly funded and included in the ICB Contract Register & Accounts Payable Ledger. This was manually checked to ensure these providers were indeed VCSE organisations and in scope for this work.
- Develop an initial analysis of the ICB's direct VCSE expenditure, understanding what it looked like by Place, how much expenditure went on regional / local VCSE organisations compared to national VCSE providers, and types of activity or focus of funding (ie, long term conditions, mental health, end of life care, children and young people etc).

This provided valuable learning to understand the ICB's VCSE expenditure. However, it also developed into a medium to longer term piece of work to develop a consistent approach across the ICB at System and Place levels in collating and analysing VCSE expenditure. This explored the following areas:

- Quality-checking the current recording of VCSE providers on the ICB Contract Register & Accounts Payable Ledger and implementing improvements. This aimed to develop a refined list of VCSE providers so that monitoring the ICB's expenditure in the sector could be automated going forwards.
- Developing and undertaking processes to analyse:
 - funding agreements (eg, grants or contracts, length of contracts, end dates, recurrent / non-recurrent, etc.)
 - lead provider arrangements where funding is shared across a consortium of VCSE organisations
 - spend across different financial years

- sub-contracting and other arrangements with NHS providers or councils
- spend by programme area (eg, mental health services, children and young people, etc.)
- Working with local authorities in West Yorkshire to develop a combined analysis.

Top tips for ICSs:

- **Develop a shared definition of "VCSE sector" across ICS partners, and what is therefore meant by "VCSE sector spend".**
- **Look at how to invest time and resource early on to automate expenditure tracking and ensure that the intelligence emerging from it is as useful as possible.**
- **Refine finance systems to embed processes to make future expenditure analysis and reporting as simple as possible.**
- **Ensure all parties understand and agree on the difference between contracts and grants and when each of these should be used.**
- **Using "live" intelligence in the VCSE sector to secure contractual uplifts from the ICB**

The design of Power of Communities and the strength of its relationships with the local VCSE sector means that it has a "live" understanding of the challenges facing VCSE organisations. As such, it can be responsive in escalating risk and issues through the ICB.

This was the case in Autumn 2024 when the Chancellor announced increases

to Employer National Insurance Contributions and the National Living Wage in her Budget.

This placed added pressures on the local VCSE sector in West Yorkshire, which, like those across the country, was already experiencing challenging economic and operating conditions.

Using the strengthened relationships with Place Accountable Officers and senior leaders across the ICB, and building on previous investment discussions, Power of Communities collated “live” intelligence on the potential direct impact on VCSE organisations delivering health and wellbeing services. It produced a report for the West Yorkshire System Oversight and Assurance Group in December 2024.

As a result, the ICB for the first time agreed to a 2.15 per cent uplift for VCSE agreements in line with contract uplifts for NHS providers across all five Places for 2025/26.

While this does not fully mitigate the scale of the challenge, it was welcomed by the VCSE sector and seen as an example of the ICB modelling the Keep it Local ICS principles and as a foundation to build on.

Top tips for ICSs:

- **Identify concrete examples of the financial impact of differing and external factors on the ability of local VCSE organisations** to deliver against the Integrated Health and Care Strategy. Using evidence-based approaches to challenge and mitigate risk is more likely to achieve the desired outcome.
- **Focus on achieving parity in financial decision making between local VCSE organisations and statutory NHS providers.**

● Taking a Keep it Local approach to ICB contracting and procurement

Using Locality expert capacity, Power of Communities and VCSE leaders identified a valuable practical focus for applying the Keep it Local principles to the ICB’s contracting and procurement processes.

Due to the leadership culture of the ICB and time spent developing relationships, the ICB’s Lead for Contracting and Procurement was a key champion for applying Keep it Local. Through their endorsement of this work, members of their team felt they had “been given a clear mandate” to work alongside VCSE colleagues to co-design changes to contracting and procurement processes in line with Keep it Local (and new and existing contracting and procurement law).

This became an ambitious programme of work facilitating innovative collaborative working, building mutual understanding, upskilling and co-production with the Contracting and Procurement team, Power of Communities, the local VCSE sector, and Locality.

This work has been progressed through a series of themed workshops jointly led and delivered by the Contracting and Procurement Team, Power of Communities, and Locality. For the VCSE sector, it was felt that the challenges to contracting and procurement are longstanding and widely known. To ensure a shared understanding of this, partners worked alongside Contracting and Procurement staff to identify challenges and barriers and develop solutions.

To date, four workshops have taken place. Facilitated by the ICB VCSE Board Member and the Lead for Contracting and Procurement, they brought together the ICB’s Contracting and Procurement

Teams, ICB Commissioning and Finance leads, and VCSE leads from each Place:

- **Workshop 1, October 2024** focused on understanding Keep it Local and the “art of the possible” in commissioning with the VCSE sector when enabled by a progressive contracting and procurement approach.

Key to this was a focussing first on the people using the services and the support they need. This included understanding how to ensure that communities can access services as close to home as possible and through organisations that are locally rooted and connected.

Other areas of focus discussed included the importance of “true partnership”, patience, testing and learning, equity, and shifting power and trust. There was a practical focus for these principles in areas such a pooled budgeting and co-creation of services.

There was agreement to progress the following actions to further cement the Keep it Local approach in contracting and procurement:

- Continue to have local VCSE focused ICB Contracting and Procurement workshops
- System and Place levels to collate a resource of good practice examples of contracting and procurement with the VCSE sector
- Develop a consistent approach to using grants or contracts across Places
- Create clear guidance on applying Keep it Local principles legally to minimise the risk of challenges (particularly in applying the Provider Selection Regime (PSR))
- Develop a local VCSE sector framework model for adoption across Places

- Create guidance on creating a lead provider / collaborative / alliance commissioning model
- Review requirements and length of agreements to be proportionate and consistent across the System, and to support sustainability
- Review the Scheme of Delegations to enable greater flexibility and responsiveness for the VCSE sector (eg, explore raising the threshold for non-competitive procurement)
- Commitment to working with the VCSE sector to mitigate the risk to services of disinvestment
- Work with other health and care partners (eg, local authorities, West Yorkshire Combined Authority) to develop a consistent approach to contracting and procurement with the VCSE sector at System and Place levels.

At the session, it was agreed to prioritise work around differentiating contracts and grants and understanding and applying social value. These became the focuses of the two subsequent workshops.

- **Workshop 2, February 2025** focused on the issue of contracts versus grants, covering:
 - an overview of contracts and grants and their differences
 - the ICB’s recognition of the importance of the VCSE sector and the need to strengthen this recognition into practice
 - challenges to date with an inconsistent approach across Places to respond to the local conditions and need
 - the consolidation of the Contracting and Procurement functions enabling

the ICB to share and build on good practice and address negative inconsistencies

- a shared opportunity to apply, alongside the PSR, the National Procurement Policy Statement 2025. This emphasises that contracting authorities should maximise procurement spend with small to medium-sized enterprises and VCSE organisations.
- The need for simple and proportionate approaches to reducing barriers to access for the local VCSE sector, and collaboratively designing tenders, contracts, and grant funding. This should increase the potential impact of funding and help it to go further by working with a variety of VCSE organisations through short and longer-term grants and contracts to help build a healthy and diverse funding landscape.

The following key principles were agreed in how this work could be progressed beyond short-term funding agreements and tight deadlines for decision-making:

- Making it as easy as possible for the ICB and VCSE organisations to meaningfully apply the Keep it Local principles in practice (eg, alliance / lead provider contracting in which the lead provider commits to building the capacity and capability of smaller providers)
- Developing a shared understanding of what criteria can be applied to enable locally rooted VCSE organisations to celebrate and evidence their 'intrinsic' social and economic value (see p. X for more on this)
- ICB retaining accountability and giving others authority (ie, holding risks and responsibilities and not



“passing” this via sub-contracting arrangements to VCSE providers)

- ICB recognising and embedding the resources and support VCSE providers need (ie, alliance / lead provider models including management costs)
- Enabling a collaborative co-commissioning culture across the ICS and with providers (eg, questions to enable this under the PSR)
- Proactively exploring and mitigating risks to the VCSE (eg, legal advice on VAT impact of changing from a grant to contract or vice versa)
- Celebrating and sharing good practice to increase visibility and enable culture change
- Collaboratively exploring the role of the VCSE sector not just in traditionally delivered services, but in all areas (eg, statutory providers supporting and working with VCSE providers as part of their services).

The following key areas of development were identified for progress:

- Producing an interim plan and mitigations as the work is developed. In particular:
 - communicating commitments and assurances to the VCSE sector around agreements
 - working at pace to map out existing agreements across the System and a simplified process to efficiently transfer grants into contracts where appropriate.
- Developing clear, specific, timely, and plain English communications and engagement processes for tenders, contracts, and grants, including:

- early notification / dialogue as soon as possible around new or potential changes, including consistency around notice periods
- use of communications for VCSE sector that are timely, clear, and proportionate to avoid any unnecessary uncertainty and provide reassurance where possible
- training “masterclasses” with Q&As for ICB and VCSE organisations, including accessible videos, FAQs, examples of good practice and learning from other ICBs.
- Developing a clear and consistent approach to measuring outcomes within agreements that:
 - are jointly recognised and accepted as evidencing impact by the local VCSE sector, and ICB commissioners and Finance and Contracting and Procurement teams
 - provide a set of agreed measurement outcomes that enable local VCSE organisations to demonstrate their “intrinsic” value that is proportionate and minimises the administrative burden on VCSE and ICB
 - is meaningfully used by the System.

It was agreed that clear guidance / training should be developed for VCSE and ICB staff on achieving the above.

- Developing a consistent but flexible approach to contracts and grants that includes:
 - System-wide contract / grant templates that are shorter and simplified to aid consistency
 - use of grants only where appropriate and not as an “easier” alternative to contracts

- a clear and transparent “proportionality” test that is reviewed with the local VCSE sector, longer notice periods (ie, no last-minute decisions), and a collaborative approach to service reviews
 - embracing VCSE infrastructure organisations and doing more through them to design approaches to work strategically across the sector and wider System (ie, facilitating and supporting hyperlocal VCSE organisations to access contracting processes)
 - embedding management, core, and development costs as part of the support, cost, and resource offer between the ICB and local VCSE sector (eg, VCSE lead providers being resourced to transfer funds and engage, enable, and develop small, hyperlocal VCSE organisations to be successful).
- **Workshop 3, March 2025** focused on social value and evidencing the “intrinsic” social value of local VCSE organisations through the PSR.

The workshop looked at the opportunities to:

- develop clear criteria and understanding of what we mean by “local VCSE organisations” that can be applied by the ICB
- evidence the “intrinsic value” of the VCSE sector within each of the PSR’s key domains:
 - quality and innovation
 - value
 - integration, collaboration and service sustainability
 - improving access, reducing health inequalities and facilitating choice
 - social value

What is intrinsic social value?

Intrinsic social value is what makes community-led, people-centred services transformative. For these services, it is not just the immediate output that is important – like accessing a local support group, receiving practical help in a period of poor mental health, or receiving culturally competent health and wellbeing information.

How the service is delivered is socially valuable too. Being local, neighbourhood-focussed, and taking a wider health determinants approach to prevention is crucial to developing a healthier population, strengthened and empowered communities, reduced inequalities, and reduced isolation, among many other things.

The traditional conception of social value as additional to the service being provided and able to be quantified and monetised – in the form of, eg, hiring apprentices, encouraging volunteering, or implementing green initiatives – does not allow for the capturing of intrinsic social value.²

- **Workshop 4, April 2025** followed this, with key staff in the ICB’s Contracting and Procurement and Power of Communities teams, local VCSE infrastructure bodies and wider organisations, and Locality, working closely and collaboratively to co-produce an approach to using the PSR that puts intrinsic social value at its heart.

² More information on measuring intrinsic value, as well as other approaches to commissioning in a ‘Keep it Local’ way, can be found in Locality’s ‘Keep it Local Commissioning Guide: 10 ways to Keep it Local in health services’, available at: [LINK]

The West Yorkshire ICS approach to capturing intrinsic social value

The approach moves away from trying to shoehorn intrinsic social value purely within the “social value” domain. Instead, the ICB have developed a matrix of questions under all the domains that seeks to capture intrinsic social value as core to the wider score of the tender.

Commissioners can then choose which

questions from each domain are most relevant to the service in question, with each carrying a weighting of either “high”, “medium”, or “low”. The matrix also includes “good answer” guidance for both the tenderer and the commissioner to ensure that, respectively, they are able to fully demonstrate and understand the intrinsic social value within the answers provided.

This table highlights a few examples of the questions that have been developed across the domains:

#1	Domain	Area	Weighting
	Quality and Innovation	Safe, effective, responsive, and personalised care	High
Question	Good answer		
<p>Workforce: Understanding of local needs</p> <p>How will you gain and use existing insights and knowledge about the community and its people, and wider health and care partners to deliver effective and personalised care?</p>	<p>Explains how staff/volunteers will develop or use existing knowledge and experience.</p> <p>Describes how staff/volunteers work with/involve relevant communities and those at greatest risk of health inequalities.</p> <p>Shows understanding of the wider local context and how the work adds value for the health and care System for service users (eg, referral routes).</p> <p>Provides examples of how the organisation uses insights from people with lived experience to shape service development, delivery and management.</p> <p>Shows how community ideas support your staff in delivering quality services.</p>		

#2	Domain	Area	Weighting
	Value	Added value	High
Question	Good answer		
<p>Community ownership/benefits</p> <p>How will you enable a sense of community ownership in a way that will lead to wider benefits for people and how will this add value to this work?</p>	<p>Describes a narrative of being people-led/community powered.</p> <p>Explains with examples the benefits of this approach and its impact on prevention, wider determinants of health, improved outcomes and creating capacity and added value to the service and the wider community.</p>		

#3

Domain	Area	Weighting
Integration, collaboration and service sustainability	Collaboration	Medium
Question	Good answer	
<p>Depth of partnerships / relationships</p> <p>How would you describe your relationship with relevant health and care partners including those based locally in the communities to be served in this proposal?</p>	<p>Describes a narrative of their approach to working with a diverse range of health and care partners including locally based VCSE organisations that reflects:</p> <ul style="list-style-type: none"> • the opportunities and value of working in this way • alignment to the West Yorkshire ICS's Values and Behaviours • importance of existing depth of knowledge, long term relationships and trust and "connectedness" to a locality/ community • how they recognise power dynamics and value empowering non-statutory health and care partners, particularly small, grassroots VCSE organisations in an equitable and meaningful way. <p>Provides meaningful examples/evidence of how they already work in this way and the impact / outcomes (eg, work with existing partners / networks, how they supported VCSE organisations to build capacity and sustainability, etc.)</p>	

#4

Domain	Area	Weighting
Improving access, reducing health inequalities, and facilitating choice	Reducing health inequalities	High
Question	Good answer	
<p>Prioritising and addressing health inequalities</p> <p>Based on your existing track record of working with this community, what do you think these health inequalities are and how will you work with communities to support the understanding of health inequalities and how they may be reduced?</p>	<p>Provides examples of trusted relationships and reach into communities to support those who have been historically underserved by services (statutory and non-statutory)</p> <p>Demonstrates evidence of understanding and addressing the wider determinants of health:</p> <ul style="list-style-type: none"> • education, skills and work • income • community wealth building • natural environment and green economy • built environment, transport/travel/connectivity • empowered and engaged communities • social capital and community infrastructure • services and amenities <p>Shows understanding and ability to empower people to be active in their own health and care and recognition that this is essential to long-term success and sustainable interventions</p> <p>Demonstrates evidence of talking directly to people about the wider determinants of health in their own local context.</p> <p>Demonstrates evidence that people and partners have been involved in prioritisation.</p> <p>Describes how their approach helps to make services as inclusive / relevant / culturally competent as possible to the people it is most needed to support</p>	

At the time of writing, this approach is only just being introduced into the ICB's contracting and procurement process. Further steps are planned to ensure that it is used effectively in practice.

This includes staff from the ICB's Power of Communities team joining members of the Contracting and Procurement team as they evaluate initial tenders submitted under this approach to test how it works in practice and ensure the VCSE perspective is well understood. There

is a longer-term commitment to have a VCSE representative on all evaluation panels going forwards.

There will also need to be continued training and development of evaluators to strengthen their understanding of the local VCSE sector's offer, and a review of how tender responses are evaluated as a whole to make sure narratives of intrinsic social value drawn throughout a local VCSE organisation's tender is properly understood. ■

Top tips for ICSs:

- **Go where the energy is to create meaningful change at pace** – particularly prioritising the areas most important to the local VCSE sector.
- **Support ICB colleagues to own the change by identifying the barriers and opportunities themselves.** These will be similar to those faced by the local VCSE sector and thus ripe for resolving together.
- **Take an organisational development approach that focusses on developing the skills**

and knowledge of both ICB colleagues and the local VCSE sector. For example, facilitate shared discussions on “the art of the possible” and how processes and frameworks can be adapted to increase the effectiveness of contracting and procurement processes to make them more accessible and reduce risk and bureaucracy.

- **Ensure Keep it Local work focussed on particular ICB programmes or functions is co-delivered with the relevant lead.** This helps to give “permission” to their teams to work innovatively and challenges risk aversion.



7.

What were the biggest challenges for West Yorkshire in its first year as a Keep it Local ICS?



There were several key challenges, both external and internal, to be learned from as West Yorkshire ICS began to embed the Keep it Local approach:

● **Changing national, regional, and local contexts**

Both West Yorkshire ICB (as a statutory body) and West Yorkshire ICS (as the wider System of partners contributing to health and care) signed up to become a Keep it Local ICS in March 2024. While this has been a positive “guiding light” for the ICS to work with the VCSE sector, there were national, regional, and local challenges that disrupted some of the initial intentions and required a re-focus of activity, eg:

- The required reduction in ICB running costs rising from 20 per cent in 2024/25 to 30 per cent in 2025/26. As a result, West Yorkshire ICB conducted an operating model review and a new structure was put in place from April 1st 2024. This included the establishment of the Strategy and Transformation function, which included the Power of Communities programme. This change process delayed core work temporarily, followed by a period of time building relationships and ways of working in a new team. On the positive side, it enabled greater connection to other work within the new team, including strategies, urgent and emergency care, and integrated neighbourhood health
- The General Election took place in July 2024 with Labour coming into power, requiring a wait for further clarity in a number of key policy areas
- Following this, September 2024 saw the release of Lord Darzi's report on the state of the NHS in England preceding the development of the 10 Year Health Plan for England

- During September 2024, due to the challenging financial context, the ICB introduced an Expenditure Panel process to ensure value for money for all new non-healthcare spend over £10k. This risked disproportionately impacting the VCSE sector
- As highlighted earlier in this report, in October 2024, the Chancellor's Budget announcements added to existing ongoing pressures facing the VCSE sector that the ICB worked to mitigate against
- During winter 2024/25, West Yorkshire was named as both a Trailblazer and Accelerator for “Get Britain Working”, the government's new national work, skills and health programme. A total of £37m is being divided across the West Yorkshire Combined Authority (£10m), local councils delivering “Connect to Work” (£16m), and the ICB (£11m). Significant capacity was diverted to plan and coordinate this work so that the VCSE sector would be embedded.

Throughout all of the above, local councils nationally and across West Yorkshire had been facing a difficult financial operating context with some significant reductions disproportionately impacting the VCSE sector. This included cuts to statutory services that led to an increase in demand for VCSE services already under pressure.

These events, in addition to other issues, resulted in a challenging operating context for West Yorkshire ICS that impacted the capacity of the ICB, local councils, and local VCSE organisations. However, throughout it all, becoming a Keep it Local ICS proved to be a

valuable framework for responding to each challenge. For example:

- In the ICB's operating model review:
 - Power of Communities was part of the newly established Strategy and Transformation Team, instigating stronger relationships with key priority areas and embedding Keep it Local within the Joint Forward Plan and development of plans around integrated neighbourhood teams and urgent and emergency care
 - consolidation of teams allowed for Power of Communities to work with key functions at a regional level such as the Contracting and Procurement Teams
- Lord Darzi's report on the state of the NHS in England aligned well with the opportunities of the Keep it Local approach. It has proved particularly relevant to the government's desire to shift the NHS to a community-based, prevention-focussed, "neighbourhood health service"
- The challenging economic operating context of the VCSE sector was escalated to senior West Yorkshire ICB leads. This resulted in securing parity of a 2.15 per cent uplift for VCSE agreements in line with contact uplifts for NHS providers across all five Places for 2025/26
- Power of Communities was able to work collaboratively with the West Yorkshire Combined Authority and the ICB to embed the VCSE sector in the Get Britain Working programme.

● Developing Keep it Local ICS "Champions"

Prior to West Yorkshire becoming the first Keep it Local ICS, the Keep it Local movement focussed purely on local authorities. One facet of the

approach for them has been to appoint a member of senior management and an elected member as Keep it Local "Champions". This aims to help ensure drive and accountability for the approach.

In adopting the Keep it Local approach, the ICS wanted to ensure its work was shaped by the local VCSE sector in each Place. In speaking to the sector, including on the potential for replicating the Champions model, it was clear that buy-in from senior leaders of the value of the local VCSE sector wasn't an issue. As such, there was felt to be a risk that Keep it Local ICS Champions would end up being senior leaders already championing the VCSE sector, thus limiting the added value.

It was felt that, rather than finding more champions for the VCSE sector, time and effort would be better spent on embedding the Keep it Local approach within teams across the System using organisational development type approaches, reflecting on how they work on a day-to-day basis.

The local VCSE sector felt this would better achieve their desire to see the Keep it Local principles translated into meaningful change and actions in the short, medium, and long term.

Furthermore, a key role of the Keep it Local ICS Champions would have been to learn from and work with Keep it Local Council Champions in the region. While great work already existed in each of the local councils working with the VCSE sector, since signing up a number of challenges has arisen for them. For example:

- Some of the councils adopted Keep it Local before the Covid-19 pandemic; as a result, a range of areas were paused to respond
- Following the pandemic and ongoing

challenging operating and financial contexts, some of the councils had turnover of staff and elected members as well as re-structures. This resulted in work for the councils themselves to review their approach to Keep it Local

- In a context of some of the councils having to make significant cuts, there were capacity and resource challenges in applying the Keep it Local principles.

As a result of the above, while relationships were developed with Keep it Local Council Champions for future work, the ICB decided to focus on embedding Keep it Local within teams and functions across the ICS rather than investing time in Champions.

● Scale and breadth of an ICS

West Yorkshire ICB is, at the time of writing, the fourth largest ICB in the country, making it a challenge to explore capacity for change across Places, organisations, and the functions and programmes of an ICS.

There has been ongoing feedback for Power of Communities that decisions agreed at a regional level have not been felt by VCSE organisations “on the ground” in a timely way.

As a result, rather than spreading capacity thinly, the following were prioritised:

- The ICB and its staff as an organisation, using the fact that all the councils had already signed up to Keep it Local as a catalyst to progress the work
- Long standing challenges around commissioning, contracting, procurement, and finance, that could be addressed through new unique opportunities to work with them as newly consolidated functions.

The ICB used broader influence, communications and engagement to enable:

- West Yorkshire ICS programmes to explore what Keep it Local means to them to shift their ways of working with the VCSE sector
- ICB and VCSE leads at Place levels to progress what it meant to apply the Keep it Local principles and approach. For example, it was embedded in the Calderdale VCSE Strategy, a joint ICB / VCSE workshop in Leeds, a position statement on the importance of the VCSE sector, and the development of the Wakefield VCSE Strategy.

This was in addition to the continued strong partnership working at Place levels between the ICB and local authorities. ■

8.

What is next in West Yorkshire's journey as a Keep it Local ICS?



In the current context of change for the health system – as implementation of the 10 Year Plan begins alongside significant reductions to ICB running costs and the closure of NHS England – West Yorkshire ICS believes it is more important than ever to embed the changes they have already initiated across the whole System.

The way partners have worked to develop their approach to Keep it Local has been effective. It has largely focussed on building wider understanding, collaboration and spaces for learning and development across the ICS, at Place and System levels.

This approach has developed organically by listening to what VCSE leads said was important to them and going “where the energy is” in tackling “wicked” issues.

Establishing new relationships and connections between functions and teams within the ICB (ie, Contracting and Procurement and Power of Communities) has created a platform for change. This is built on a growing mutual understanding and a shared commitment to work together to create positive System change.

As part of the above, the ICS has committed to:

- continuing to embed the approach within the ICB’s teams and their functions, with an ongoing focus on contracting and procurement
- continuing to develop a shared, maturer understanding of investment into the local VCSE sector

- continuing to provide tools / “permissions” at a System level to enable Keep it Local within its Places
- exploring the Keep it Local agenda across other ICB functions and priorities within the West Yorkshire Integrated Care Strategy and based on what VCSE leads identify as priorities
- working with Keep it Local Councils to develop a wider West Yorkshire approach
- exploring Keep it Local with the West Yorkshire Combined Authority to strengthen a shared way of working at a regional level
- exploring how we embed Keep it Local in the development of integrated neighbourhood health.

However, a key opportunity is to explore what Keep it Local ICS means in West Yorkshire in the context the ICB model and how it operates as a “strategic commissioner”. ■

9.

Conclusion – How can other ICSs make the most of West Yorkshire’s experience?



Reductions in ICB running costs and workforce pose a risk to attempts to embed the Keep it Local approach. But the key is to ensure the approach is aligned to transformation priorities and brings clear value to the way Integrated Care Systems work and the health and wellbeing outcomes for the population.

Reductions in ICB running costs and workforce pose a risk to attempts to embed the Keep it Local approach. But the key is to ensure the approach is aligned to transformation priorities and brings clear value to the way Integrated Care Systems work and the health and wellbeing outcomes for the population.

The greatest area of development and likely long-term and sustainable area of impact for West Yorkshire has been around contracting and procurement, and most specifically the work on building intrinsic social value into the full range of contracting questions. This helps ensure that VCSE organisations are not disadvantaged by the process and have the opportunity to showcase their unique value and local connections.

By sharing their approach and learning, West Yorkshire ICB hope to enable other ICBs to see the impact of Keep it Local in practice. They also recommend support from Locality to guide others through the process of change and the approaches that might be used.

So much of what has been achieved in West Yorkshire has been possible due to the underpinning work already done in building relationships, connections, and understanding across the ICS, as well as having an open and supportive leadership and an established, high functioning ICB VCSE Alliance in Power of Communities. It's important the value of this is not underestimated when working with other ICBs. They are all enablers to this work.

It is also important to align any Keep it Local developments to existing System priorities, demonstrating the value it adds. So early on, build a clear understanding of what these are – both for the VCSE sector and for the ICS as a whole.

Perhaps the key advantage to West Yorkshire of becoming a Keep it Local ICS has been to provide a framework for focused change and give momentum to some specific areas of work with the VCSE sector.

Key recommendations for ICSs:

- **Strengthen relationships and ways of working with the VCSE sector as a driver for innovation and transformation, moving away from commissioner / provider behaviours.** Every ICB has a VCSE Alliance; invest time at all levels in empowering their role within the ICS to get the foundations right for Keep it Local and support them to act as a catalyst for change.
- **Strengthen and deepen understanding of how you currently work with the VCSE sector.** Ask fundamental questions around the following areas. If you do not know the answer, working with your VCSE Alliance is the perfect way to begin to explore it:
 - What does the VCSE sector look like in your footprint?
 - What is your current VCSE expenditure? (Eg, how much is invested in local VCSE organisations?)

How big are the organisations? What proportion of spend is focused on intervention / acute care compared to prevention? What is the trend here?)

- What are the key challenges / barriers facing the VCSE sector and are they able to escalate risks / issues in a timely way?
 - What level of VCSE representation do you have across the ICS? (Are there any gaps? Are they there as “equal partners”?)
 - How does it feel for VCSE organisations when they are working with statutory health and care partners? (What good practice is occurring that you can share and learn from?)
- **Strengthen integrated working by working jointly with your local councils.** Councils often have a depth of expertise and experience of working with the VCSE sector and local communities. While there is a journey for ICBs to embed Keep it Local, learn from Keep it Local councils to apply good practice and move further towards joint decision making, intelligence and integrated ways of working with the VCSE sector.
 - **Explore with other health and care partners what it means to apply Keep it Local.** Due to the nature of VCSE organisations, they often work with and / or receive funding from a range of different organisations. As a result, there is always a risk that the VCSE sector is impacted by decisions made outside of the ICB and local councils. As such, it's essential to work in an integrated way to maximise opportunities, avoid duplication, and mitigate risks across a range of partners. ■



Locality

Locality supports local community organisations to be strong and successful. Our national network of over 2,000 members helps hundreds of thousands of people every week. We offer specialist advice, peer learning and campaign with members for a fairer society. Together we unlock the power of community.

VCSE Health and Wellbeing Alliance

The VCSE Health and Wellbeing Alliance (HW Alliance) is a part of the VCSE Health and Wellbeing Programme (HW Programme) which is delivered by Department of Health and Social Care and NHS England and NHS Improvement (the system partners).

The HW Alliance is new network of 18 member organisations (and one coordinator) established to collaborate and coproduce to bring different solutions and perspectives to policy and programme issues. All HW Alliance members represent communities that we need to hear from as we develop health and social care policy and programmes.

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