

VCSE Neighbourhood Health Engagement opportunity – Frequently Asked Questions (FAQ)

Question	Answer (as stated in the session)
Will Information Session slides be shared?	Yes — slides can be sent to everyone who attended after the session.
Is a clinical lead required, or can it be led by people with lived experience?	A clinical lead is not required; it needs to be led by an organisation (not necessarily a clinician).
Can you explain the role of the lead VCSE organisation?	Each neighbourhood lead is the main VCSE contact for the INT, arranging/attending meetings and events locally. A separate coordinating organisation pulls learning across all five neighbourhoods into a final report and acts as a main point of contact/spokesperson at borough-wide NHS/integrator/ICB engagements.
Should EOIs be for a single neighbourhood? Can one organisation cover multiple neighbourhoods?	There is flexibility here but suggest limiting organisations to a maximum of two neighbourhoods to support diversity across the borough.
Are partnership bids allowed?	Yes — partnership bids were welcomed; one organisation will need to be identified for contracting/funding purposes.
Can an organisation apply for the cross-neighbourhood coordination role without being a neighbourhood lead?	Yes — open to this; being also a neighbourhood lead is not a deal-breaker.
How long is the work expected to run?	Projects are to be completed within 12 months from contract start.
What does the “spokesperson” element mean?	The coordinating organisation may be asked to represent the work at borough-wide meetings (e.g., ICB/integrator forums) and act as a main point of contact between VCSE leads and wider system partners.
Can EOIs be flexible about which neighbourhood you lead (if you already work across multiple)?	Yes — organisers were open to this and suggested reflecting preferences/notes in the application template.
Is the £28k meant to be shared among other VCSE organisations in the neighbourhood?	Each neighbourhood lead receives £28k; it is up to the lead to decide how to use funding to create capacity and support engagement (e.g., reimbursing time for workshop participation), rather than distributing equally by default.
What are expectations for the relationship between the lead organisation and the NHS/neighbourhood team?	Organisers described this as exploratory and intended to build trust over time; there were no fixed expectations beyond developing a constructive way of working.

<p>What is the additional £20k for?</p>	<p>To resource the cross-borough coordinating role: pulling together learning from all five neighbourhoods into the final report and representing the work at borough-wide engagements.</p>
<p>Do leads need to already support the three priority cohorts?</p>	<p>No; emphasis is on ability to engage the local VCSE sector and connect with relevant organisations for cohorts.</p>
<p>What about reporting?</p>	<p>The expectation is for light-touch reporting, with the key focus on deliverables (events, local work-planning, and final report); updates could be agreed at neighbourhood level and may be verbal.</p>
<p>Do EOs need to cover all three priority cohorts?</p>	<p>Organisers suggested demonstrating awareness of organisations supporting the priority cohorts, without getting overly “hung up” on covering all three in detail (as cohorts are a starting point and will expand over time).</p>
<p>Will the NHS/integrated team support access to infrastructure/assets (e.g., venues, design support for leaflets)?</p>	<p>Organisers indicated this should be agreed and problem-solved locally in the first-three-months work plan between the VCSE neighbourhood lead and the INT/integrator; needs may vary by neighbourhood.</p>
<p>Would it be possible to share a bit more about the three priority cohorts? As a lead organisation, engaging other VCSE’s in the neighbourhood, would we cover all three priorities, or would we focus on one? Or something different?</p>	<p>It is expected that VCSE lead organisations will engage the wider VCSE sector in each neighbourhood including those organisations supporting priority cohorts. Lead organisations do not need to have the expertise in supporting these priority areas themselves. Currently the work to support the three priority cohorts is in the initial stages:</p> <p>Frailty: Adults over 65, with moderate or severe frailty, housebound or living with dementia.</p> <p>Multiple Long-Term Conditions (MLTCs): People with three or more long-term conditions, which include diabetes and chronic kidney disease and one other cardiovascular condition excluding those that are moderately or severely frail.</p> <p>CYP with complex needs: Children with intersecting physical health, social care, education, housing, and mental health needs and rising school attendance risk.</p>