

YES WE HIVCAN

Finding purpose and
working together to
build movements for
change

October 2026

A case study on how the VCSE Alliance across Hampshire and the Isle of Wight came together to find effective ways to navigate a shifting health and care landscape, and on how the NHS and local government can engage with the VCSE

By Debbie Sorkin, the Leadership Centre; Helen Fisher and Laura Jones, Energise Me; and Lorna Reavley, HIVCA

Acknowledgements

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Foreword



People in the voluntary sector work at the heart of communities across Hampshire and the Isle of Wight. They are trusted, skilled and valued partners, building vital connections with people and communities who may need support the most.

HIVCA is committed to advocating for this essential role in improving health and wellbeing, and to ensuring the voluntary sector has a stronger voice in health and care decision-making. Energise Me also recognises the power of community connection in supporting people to be more active and healthier. We were therefore delighted to invest in a systems leadership programme for voluntary sector leaders, designed to strengthen their skills, build confidence and support their role as influential partners within the wider health and care system.



By Helen Fisher, Deputy Chief Executive (bottom) Energise Me & Lorna Reavley, Chair, HIVCA (top)

The programme far exceeded our expectations. Its impact continues beyond the life of the training itself, through the confidence, relationships and leadership capacity it has helped to build. We are excited to see how the HIVCA Ambassador Network continues to grow, influence change and support better outcomes for communities across Hampshire and the Isle of Wight.

Context and background

Energise Me is the Active Partnership for Hampshire and the Isle of Wight: a charity that champions physical activity for everyone in the county. They work with a range of partners and stakeholders to make it easier for everyone to move more, with all the physical and mental health benefits that this can entail.

Like all Active Partnerships, Energise Me works closely with Sport England, which is investing in places around the country as part of its Uniting the Movement strategy, to build capacity within and across infrastructure organisations at local level, so that they can work together to support more people to be physically active, especially in areas of deprivation.

Over 2025-26, one of the ways in which Energise Me used its investment from Sport England was to work with the Leadership Centre to develop systems leadership capacity and capability within HIVCA, the Hampshire and Isle of Wight VCSE Health and Care Alliance.

HIVCA aims to bridge the gap between the NHS, local authorities and the voluntary sector. It is for all VCSE organisations across the county that have an interest in helping to shape health and social care with partners in other sectors. HIVCA currently has around 150 member organisations, representing organisations of all shapes and sizes, with different areas of specialist expertise and geographical locations varying from Andover in the north to the Isle of Wight in the south.

HIVCA's vision is that "the people of H&IoW can live healthy, active, independent lives, full of connection and contribution within their communities for as long as possible", so there was a clear connection with the aims of Energise Me around supporting people to be more active.

At the same time, the aim of the support was to strengthen the leadership capacity of Alliance members, strengthen relationships and enable the Alliance to position itself, and advocate, more effectively in the health and local government system. As such, it linked with the mission of the Alliance, and its fundamental aim to help VCSE organisations become active partners within the Integrated Care System, especially the Integrated Care Board, so that by working together, they could:

Improve the health and wellbeing of people within Hampshire & the Isle of Wight

Reduce inequalities by ensuring services reach those most in need

Strengthen collaboration between the VCSE sector and the NHS.

Influence policy and decision-making at a strategic level.

HIVCA's mission is to play an active role in H&IoWICS and bring their collective specialist expertise to:



Focus on prevention and early action as well as lasting impact



Creating social value that tackles inequalities that impact on health in our communities



Provide a direct link to communities and their experience of health needs so that solutions are built around them



Demonstrate the value of collaboration and working across and beyond organisational boundaries to bring change

The Hampshire and Isle of Wight VCSE Health and Care Alliance exists to bridge the gap between the NHS and the VCSE sector, advocating for better integration, and making sure collaboration is at the heart of health and care.

Some Alliance members already served in some capacity in the Integrated Care System, including being engaged in ICS workstreams, but others, particularly from smaller organisations, were newer on the scene; less familiar with the health and social care sector in general; with structures such as Integrated Care Systems and ICBs; and with operating with confidence on associated Boards and Committees. To that end, the Alliance was looking to use the support to build capacity across its membership, to bring everyone up to a similar level. But more broadly, both Energise Me and HIVCA were aware that people were grappling with gnarly and difficult issues, that had no easy answer or resolution, whilst having to contend with shifting and uncertain environments, where the road ahead wasn't always clear. To that end, this programme of support aimed to build people's leadership capacity and confidence, so that they felt in a position to navigate a way through and to make their voice heard.

Aims and objectives

The key aims of the programme were:

To develop people's knowledge of systems leadership ideas and approaches, so that they felt better able to act, and influence, in complex situations

To build people's understanding of what it meant to work in volatile, uncertain, complex and ambiguous environments: what to do and what to watch for

To strengthen relationships and bring about new connections across the cohort

To develop people's leadership capacity, capability and confidence to represent the VCSE effectively across health and care, so they could operate and advocate successfully for meaningful change & sustain the work.

To bring everyone up to the same level of understanding about the NHS, local government, public health and the different bodies and structures in the health and care landscape

Programme design



Overall approach

Our starting point was that wherever they were in the system, the participants would be working in a VUCA environment, i.e. one that is volatile and subject to multiple changes and shifts; uncertain, complex and ambiguous. So they were not operating in a 'steady state', but rather, with a system that was in flux at multiple levels, with significant restructuring taking place in the ICB at the same time as planning getting underway for local government reform across the county.

So the programme was always alert to the external environment, making links between the ideas and approaches as they were introduced, and what was happening in the real world, so that people could apply the theory to what they were facing.

We also worked on the basis of 'meeting people where they are'. When things are volatile or uncertain, it can be easy for people to do what they've always done, rather than exploring new ways of working, or to adopt 'wait and see' attitudes, or even to retreat into scepticism. We therefore put the emphasis on what was possible, and on small actions that people could take, to give them a sense of agency and to show how small changes could grow and accumulate into system-wide shift over time. We also made a specific point of asking the participants to keep a note of changes in thinking, actions they were taking, and the knock-on/ripple effects, as we went along.

Allied to this, we looked to broaden mutual understanding of what different parts of the system bring to the table. As before, we started from where people were: in some cases, strong relationships and mutual respect and understanding were already in place. However, other participants didn't know much about each other, or the potential connections, or the value of what other people bring, or the pressures on them. Or their assumptions might have been mistaken or outdated.

Alongside facilitation, a key part of the work was to allow time and space for conversation and connection, and to build trusted relationships. One of the comments that we had from some participants is that the programme was helpful in providing the space for these conversations to take place – they would not have done so otherwise.

Beyond this, we aimed to build a common understanding of tools and

approaches that they could all use in the pursuit of real change, based on systems leadership approaches, and using action learning: “There is no learning without action... there is no action without learning[1].” The way that people at any level really develop their systems leadership capacity and confidence is through trying it out in real work and in real time. To that end, participants applied the learning and identified small, practical actions that they could take, including on issues that involved embedding physical activity more deeply within places, and/or for disadvantaged groups.

In this way, we developed people's capacity to work strategically with the system, irrespective of the size of their organisation; where they sat in the system; or their experience to date. We wanted the participants to feel they could speak up and engage with the system in a way that worked for them, and promote a VCSE agenda, rather than reacting to the priorities of the NHS or local authorities.



[1] Reg Revans: see [What is action learning? – The Action Learning Institute](#)



Delivery format

The programme took the form of six face-to-face workshops held in different venues around Hampshire, running 9.45 am – 1.00 pm between November 2025 – May 2026.

Half-day workshops allowed for people to accommodate the programme within their day jobs: we were acutely aware of the pressures on people's diaries, especially in smaller organisations. From experience, half-days are the optimal length for the amount of content and learning involved each time.

All the workshops were based on a mix of allowing time for connection; learning about new ideas and approaches; and applying the thinking to real-time issues. We looked to impart information in ways that people

could take in, and in an order that made sense. There was therefore an emphasis on the content being creative and engaging, using a mix of different media and approaches, as well as being interactive through facilitated discussion, small group working, open space sessions and personal reflection.

We highly recommend having face-to-face sessions for this kind of development work.

The connections and conversations would simply not have been possible, to anything like the same degree, had we looked to run the programme online. On a practical level, we also provided breakfast beforehand, so that participants had a further opportunity to network.

Participants



We had around 40 attendees at the workshops, who very much formed their own 'Community of Practice' by the end. We also held online catch-up sessions for people who couldn't attend in person.

There was a real mix of large, small and micro organisations, running all the way from MIND, the Red Cross, Age Concern and Citizens Advice, through to Headway, with its focus on people living with acquired brain injury; Yellow Door, with its focus on children and young people, gendered health and neurodiversity, and organisations such as Recapture Life, with its focus on people experiencing poverty. We had organisations working with a range of marginalised communities, and a number of attendees had not previously had access to leadership development, or had not previously been included in decision-making spaces relating to health and care.

We also had a variety of roles; Chief Executives and Chairs, Heads of Operations, Directors of Services, Heads of Fundraising and Volunteer Services, and Specialist Therapists. One of the benefits of the programme was the opportunity it provided for people to make or renew connections across the sector, and explore joint working, in a way that doesn't otherwise often happen.

Models & frameworks used

The learning focused on building participants' understanding, confidence and ability to work in complex situations, using systems leadership approaches: key models, tenets and ideas, along with practical examples, tools and techniques that people could put into practice straight away, wherever they sat in the system.

The aim was to give people some (safe) breathing space and an opportunity to raise issues, make sense of what they're currently experiencing, and identify/work on specific and practical ways forward. We looked to create a learning environment that enables reflection and honest conversations, so that people obtained:

- a sense of what might be possible so that they can do things differently and build cumulative capacity
- confidence to try out some of the ideas to start to make them a reality
- tools in their armoury that they could use right away, and keep on using in different situations over time.

Beyond this, the workshops adhered to approaches and frameworks that the Leadership Centre has found to be of particular use in developing confidence to exercise leadership in complex situations. These included the system leadership behaviours in Exceptional leadership for exceptional times; Ronald Heifetz on adaptive leadership; Margaret Heffernan on uncertainty; and Myron Rogers' maxims^[1] around real work:

- People own what they create: people can work on real-time issues for them.
- Real change takes place in real work: we will work on fail-safe experiments – what participants might do in practice.
- The people that do the work do the change: we will place the emphasis on what participants can actually do, rather than waiting for others.
- Start anywhere but follow it everywhere: we will put the emphasis on making a start rather than waiting for perfection.
- The process we use to get to the future determines the future we get: people will have time and space to develop their thinking.

^[1]Myron Rogers, Living Systems: p23, The Art of Change-Making, The Leadership Centre 2015

What happened

We started from the basis that a programme like this doesn't get off the ground by itself. We built an intentional and concerted campaign in advance, that built through a variety of events and promotions (including on social media), and that was proactive and multi-faceted.

It included not just an initial announcement, but one-pagers outlining the programme and building a real sense of excitement as to why people should sign up; online drop-in events where people who were curious/sceptical about the programme could come and ask questions, or get a sense of what was involved; a video promoting the programme that could go online on different platforms (again, being promoted via social media); approaching people directly (this has been a key part of successful recruitment in many places); and asking contacts/trusted messengers to spread the word.

This was a joint effort between Energise Me, HIVCA and the Leadership Centre, and was the main reason we were able to go ahead with such a diverse cohort: a real 'coalition of the willing' that stayed together over time.

HIVCA | Hampshire & Isle of Wight
VCSE Health and Care Alliance

Two Fantastic Opportunities to Grow Your Systems Leadership Skills

HIVCA is delighted to share not one, but two brilliant opportunities to strengthen your systems leadership skills and grow your impact.

1 NHS South East Systems Leadership Training

An online programme of five interactive sessions running between October and March, open to both NHS and VCSE staff across the South East.

This is a chance to explore systems leadership on a regional stage, connect with colleagues from diverse sectors, and gain valuable insights into working across complex systems.

Online | Five sessions | October and March

2 Hampshire's VCSE Systems Leadership Programme (coming soon!!)

Developed in partnership with **Energise Me**

We're especially excited about this one. Developed in partnership with EnergiseMe, this in-person training is designed exclusively for VCSE organisations registered with HIVCA.

It will bring systems leadership to life in the Hampshire context, with practical tools, locally relevant examples, and plenty of time for meaningful conversations, networking and peer support.

In person | Hampshire focused | For HIVCA registered VCSEs

We're delighted to be able to offer both options. The Hampshire in-person programme will focus on Hampshire and the VCSE sector, while the NHS South East online programme provides a broader regional perspective.

You can choose the one that best suits your needs.

How HIVCA promoted the systems leadership programme, August 2025

We also undertook 1:1 pre-calls with individual participants, so we were able to tailor the content to people's needs. We knew, for example, that there were different levels of experience and familiarity with different aspects of public services, and that some participants would be new to the world of Integrated Care Boards.

So we began with an introductory session on the health and care system, so that everyone had a sense of the lie of the land and the current direction of travel, both in terms of national health and care policy and in terms of the local picture and priorities.

From there, we moved on to the fundamentals of what it means to work in complexity, and of using systems leadership approaches, based on purpose, relationships, agreed behaviours and incremental change, as a way to navigate a way through

and make progress.

We developed a shared purpose and priorities, and used this as a basis for identifying key stakeholders, using Empathy Mapping to shape messages for different audiences.

We went on to the 'how' of making things happen in complex situations: how to work with power, politics and influence; how to shift people's perspectives and assumptions to effect change, using approaches such as Reframing; how to take people with us, via Leading through Transitions and Storytelling; and dealing with setbacks and Immunity to Change. At each stage, we looked at how to make this practical, in relation to specific issues or work that was already underway. And we finished by looking towards the future, so that the programme could act as a springboard and HIVCA, together with Energise Me, could keep the work going.



Participant perspectives

We gathered feedback from participants from multiple perspectives:

- Key takeaways from the programme and impact on them personally
- How they'd applied the learning to their own practice
- Wider ripple effects
- How they planned to sustain the learning in their work/organisation/networks
- Anything else they would like to have seen on the programme.

Key takeaways that recurred throughout the feedback included greater confidence, increased understanding of the system and the complexities involved, and greater willingness to take action.

One person described this as “Feeling confident to act in the spirit of getting started”; another talked about the VCSE/HIVCA being “a unified voice and a strong network – we need to value ourselves and come from a place of strength”; and a third stated “I genuinely feel more confident and competent for [Debbie Sorkin’s] training and experience”.

Other views included “the sessions have cemented positive ideas that initially I had felt weren’t shared” and

“this has led me to speak up/challenge/explain more in situations which I have found difficult previously”.

The importance of connection and relationships also came across strongly: people talked about “the importance of the collective”; “Connecting with other VCSE leaders who are equally passionate”; “[these sessions] have influenced how I see collaborative working with other systems and not being overwhelmed by the challenge”; and “taking more time to nurture relationships.”

And the learning of key concepts and ideas had clearly taken root, with participants reporting “We can do even more together with a clear

shared purpose and effect change”; “Designing a shared purpose: makes me want to embed this throughout the organisation”; “the importance to ‘taking a step back’ to look at the challenge... and reflect on change – allow myself to lift my head from the weeds more” and “Operating in VUCA environments – so helpful right now to have space and time to consider this”.

Moreover, people were applying the ideas to real-time issues they were facing, with examples of feedback including “I have adapted the way I lead the Live Longer Better Andover Network”; “[I’m] building social storytelling into a presentation”; “not waiting for people to lead the conversation we can join, but leading the conversation”; “[I’ve] got involved in neighbourhood health in Hampshire to advocate and ensure that the VCSE is an equal partner in its design”; “I’m asserting myself more confidently in our all-male Board meetings”; and “in a neighbourhood meeting where previously I had felt ‘dismissed’, I was able to return, empowered, and advocate for a specific piece of work the sector had done and could be built upon, rather than redoing”.

Beyond this, people could point to the programme having enabled wider ‘ripple’ effects: “Definitely have had new connections and stronger options for collaboration”; “Colleagues in the health system reaching out to HIVCA for help/support – we don’t always have to go to them”; and “setting up a network of like-minded individuals who will continue to act as ambassadors in the future”.

In turn, this would help sustain the learning, with one quote reflecting widely shared views: “It’s fundamental to how our organisation does our work and will continue. We will model and we will share learning. Everywhere!”. The feedback has also helped build our learning about what participants would find helpful: for example, greater encouragement to ‘journal’ and reflect in order to take action; more direct working on both complicated and complex issues in the workshops; and more opportunities for “practical trying-out [of] techniques”. This will enable us to improve our own practice in future programmes.

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*“Connecting with other VCSE leaders who are equally passionate”;
“[these sessions] have influenced how I see collaborative working
with other systems and not being overwhelmed by the challenge”.*

A participant

Outputs and outcomes

To start with, the programme produced a wide range of practical outputs. Participants developed an agreed shared purpose, along with key priorities they wanted to focus on:

Energise Me/HIVCA Shared Purpose 2026

What is it we want to do?

- To be seen, heard, listened to, and valued for the value that we bring
- To build relationships and trust, so that we can share more, distribute leadership and work together more collaboratively.
- To amplify our voice, so that we can advocate collectively for the sector, build credibility and influence the system
- To take a system-wide approach, working across boundaries and in system-wide roles
- To be present wherever conversations are taking place around health and care
- To dispel the myths around the VCSE as a delivery partner, e.g. that we're not credible or that we're a cheap stand-in
- To be both service deliverers and service shapers
- To promote services and support growth
- To push for more equal relationships and involvement for smaller charities
- To work towards better communication up and down the line, so that communities can shape the services they need

Why do we want to do it?

- So that we're a trusted, respected and equal partner
- So that we can exert influence
- So that we're properly valued for what we do and what we offer
- So that we can move towards better/more realistic commissioning
- So that we can effect change in a changing landscape
- So that we can act as ambassadors for each other and the wider sector
- Ultimately, so that we can shape services and deliver impact and value

What are the benefits going to be?

For us:

- We'll have more influence over outcomes, and a more powerful and effective collective voice.
- We'll build better connections and relationships, both across the system and with each other
- We'll learn more from each other
- We'll enable engagement for the wider VCSE and more equity and sharing between VCSE organisations
- We'll build credibility and trust for the sector across the system
- The VCSE will be chosen to deliver quality services that meet the needs of people in our communities

For our communities and the wider system:

- We'll make a real difference to people's experience of health and care, including through fewer 999 calls, reduced hospital admissions, shorter hospital stays, quicker discharge and fewer readmissions
- There'll be more opportunity for people to be heard, including through lived experience
- Services will be much more about right time, right place, right people, with services embedded in communities and more effective solutions
- The system will be much more sustainable
- There'll be better health outcomes for people across HIOW

Key areas of focus to December 2026

- To change our own frame(s) – less “third sector”/imposter syndrome
- To pitch ourselves differently – focusing on positioning and marketing/promoting ourselves and our impact
- To have a single shared narrative that's clear and that we can give in multiple spaces
- To build our understanding of the different contributions we all make, where we sit in the system and who we know (and where the gaps are)
- To make it easier for the health and care system to engage with us on an equal/equitable footing
- To flip the frame, so we take neighbourhood health into our own hands
- To be in more places and spaces where discussions are had and decisions get made – including, but not limited to, the ICB Board
- To emphasise equity – and to that end, think more about the needs/potential role of small(er) charities
- To continue to convene these meetings/spaces/mechanisms for communication
- To protect and extend funding/other resources

They then built on this, developing their mutual understanding and connections, and recognising the strengths they could bring from their work and from the networks they already had. This led to designing key messages for use with key audiences and stakeholders, which people started to take forward over the course of the workshops:

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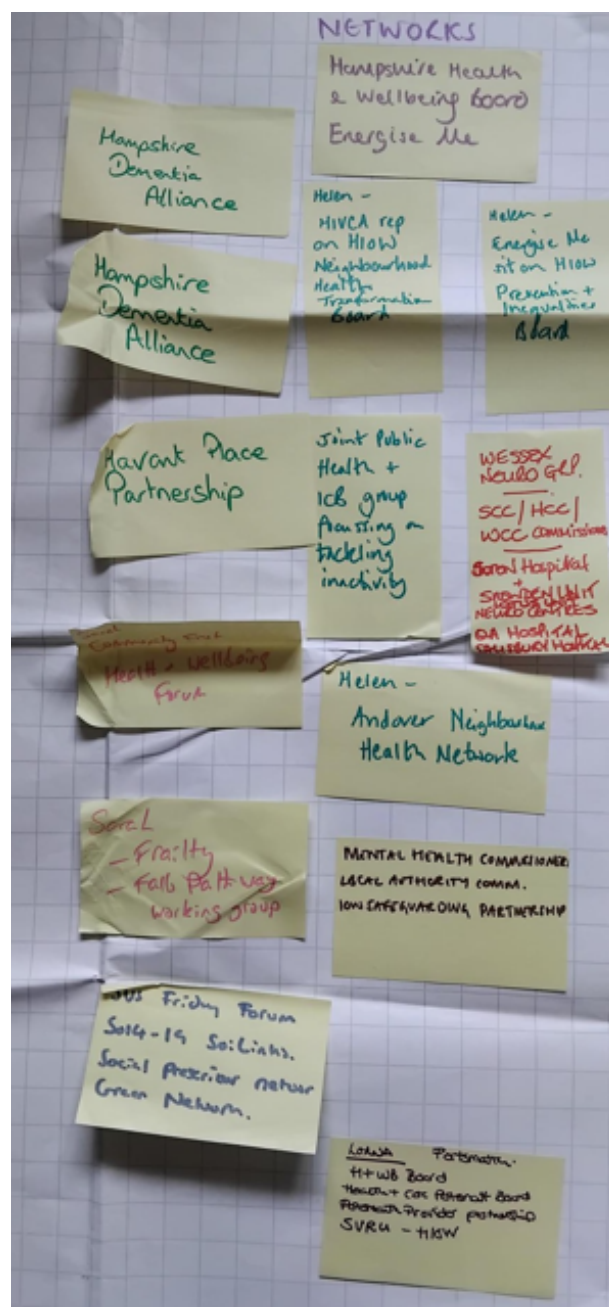
“I genuinely feel more confident and competent for [Debbie Sorkin’s] training and experience.”

A participant

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“[These sessions] have influenced how I see collaborative working with other systems and not being overwhelmed by the challenge.”

A participant



Key messages for specific stakeholders

Primary Care

- We can provide data and community insights
- We can increase health and wellbeing, reducing your appointments and saving you money
- We can use evidence-based practice and are professional

Local Government

- We are professional organisations with highly skilled and trained staff
- With LGR, we can work together to meet the needs of communities; we listen and hear; we can co-produce with communities and with the 'hard-to-reach'; you can engage with all through the VCSE
- We all have a Shared Purpose – we want the same things – for people and communities to lead happy and healthy lives

ICB

- Accountability whilst also empathising with the person: appreciation, connecting, understanding, human level, person not position
- We can share our ways of working with you – you can be part of our gang
- Be a friend and a conduit to the VCSE/system
- Show our curiosity and desire to align our work

Beyond this, the programme has given the participants real insights into the system in which they're working, and a clear sense of direction.

Across primary care, local government, the NHS and the VCSE, there is a consistent pattern, with the system being well-intentioned but fragmented, complex and with misaligned expectations. At the same time, the VCSE is under pressure, often operating with short-term funding, limited capacity and

increasing demand, even though there is a widespread assumption that the voluntary sector provides a simple solution: in the words of one participant, “refer and the problem is solved”.

This creates a structural imbalance: the VCSE is over-relied on but under-supported. So the key task for HIVCA and the wider VCSE, underpinned by consistent messaging and framing, will be to shift this way of thinking, so that the strengths of the VCSE – its insight into local needs; its role in prevention and early intervention; and its strong levels of trust in the community – are recognised, and the sector can be more fully and properly integrated into how the system is designed and operates.

This will include moving from delivery to co-design, with a clear call to position the VCSE as a partner in design and decision-making, and as a contributor to strategy, with shared ownership of outcomes and early involvement in planning. It will entail clearer referral pathways and better visibility of services, so that over time, the system develops a more realistic, shared understanding of what the VCSE can deliver. And in turn, this will depend on strengthening relationships – as the foundation of effective system working – and starting from shared purpose.

All of this is going to be the focus not just of individual participants, but also of HIVCA more broadly and of its new Ambassador Network, which is discussed in ‘Legacy and next steps’.

Impact of the programme

The feedback we have had, and the impact that we're starting to see on the ground, point towards this being a highly impactful programme, that has strengthened leadership capability, built sector-wide connections, and increased confidence to influence system change across the VCSE and broader health and care landscape. This has shown itself in:

1. Increased Confidence & Leadership Capability

- Participants feel more confident to speak up, challenge, and take initiative
- Leadership reframed as action and behaviours, not title
- Greater willingness to represent communities and influence decision-making

2. Stronger Relationships & Collaboration

- Significant growth in trust, connections, and partnerships across VCSE
- Shift from competition to collaboration and shared learning
- Ongoing networks (e.g. ambassador roles) seen as a key legacy

3. Shared Purpose & Collective Influence

- Clear recognition that VCSE is more powerful when aligned
- Increased confidence in acting as a collective voice within the system
- Greater belief in the sector's ability to drive meaningful system change

4. Systems Thinking & New Mindsets

- Improved understanding of complex vs. complicated challenges
- Participants adopting more reflective, strategic approaches
- Greater awareness of their role within a wider system context.

Participants have reported tangible behaviour changes, including taking proactive leadership roles and taking on greater representational responsibility within HIVCA, as part of building new collaborations and partnerships. This is feeding into wider impact, including increased cross-sector collaboration, stronger relationships with the ICB, NHS and other system partners, and growing recognition of the VCSE as a credible, equal partner.

In summary, the programme successfully delivered confidence, connection and capability. In the words of one participant: “A great insight into leadership. Unlike other training, this programme has instilled an innate belief in myself and built my confidence”. People have left the programme empowered, better connected, and equipped to lead, collaborate and influence system-wide change within and beyond the VCSE sector.



Learning and insights

The format and style of the programme was key to its success. In particular, the participants highlighted the value of it feeling like a safe, inclusive and equitable space, with one person noting “What a brilliant safe place we have created together”. People also found the dedicated time and space to connect invaluable, which is not often possible in busy and underfunded VCSE organisations: “I have made some really fabulous new connections AND developing current connections”.

The focus on systems leadership and change, including techniques and approaches, upskilled participants to advocate for the needs of the sector

and the communities they serve “I am choosing to take the lead on tasks without waiting to be asked”; “[I am] leaning in to other organisations to work together”.

The delivery style of the facilitator was highlighted as a key factor for the success of the programme (“Debbie was a great facilitator and created a safe space to share... really enjoyed the whole experience of this system training”). Other positives included the strong emphasis on peer learning and real-world application, and framing the programme as empowering and much more about personal leadership development in support of broader sector goals and ambitions.

Other key learning points included:

- The importance of being flexible and adaptable, given the amount of volatility in the system. We regularly included updates on what was/wasn't happening in the broader environment, to help shape the content and tailor it so that people could apply new ways of working to what was coming up.
- Giving people time and space for conversation and connection: one piece of feedback was “this is the only time we come together to have these conversations and plan our approaches”. This is partly being addressed by the setting up of the new Ambassadors' Network (see ‘Legacy and next steps’ below) but is worth considering in the context of other networks. How much do we do to build mutual understanding and foster relationships?
- Having different points of view in the room, and valuing the difference that people bring. Having a variety of viewpoints, roles and organisations became a real strength and enabled us to consider a broader range of approaches.
- Starting with bringing the VCSE together, and then going out to build support amongst system colleagues, e.g. on ICBs.
- Being proactive and intentional about recruitment to the programme, and using all the network strengths that we have to build a cohort.

Legacy and next steps

The programme has been hugely successful in its aims of upskilling the participants, in increasing their confidence, and in enabling the VCSE sector to feel in a position to influence the wider health and care system. The impact of the programme was reflected in the desire, expressed especially in the final session, to keep the work going, and to continue to find time and space for building relationships and planning new tactical approaches.

As HIVCA states:

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“Bringing together colleagues from across the sector, the programme has created a valuable space to learn, reflect, challenge thinking and, importantly, build relationships. One thing became clear throughout the sessions, there was a real appetite to keep the conversations, ideas and momentum going beyond the training itself.”



Introducing the HIVCA Ambassadors Network

[Introducing the HIVCA Ambassadors Network](#)

HIVCA has responded to this demand. It has set up the HIVCA Ambassadors Network, convened by HIVCA. The network brings together VCSE leaders and practitioners working across health and social care who are passionate about ensuring communities and the voluntary sector have a strong voice in system decision making.

The aim is that through using and applying systems leadership approaches, members will work collaboratively to influence across organisations and sectors, advocate for the VCSE sector, and help strengthen connections between communities and the wider health and care system.



Importantly, this is not a closed group. While the network has grown from the Systems Leadership programme, anyone with an interest in being part of this space is very welcome to join.

So there is an open invitation: “Whether you are already representing the sector in partnership forums or simply passionate about strengthening the VCSE voice, we would love to hear from you.”

The network began meeting in June, and more meetings are already planned, with each session having an overall focus but also allowing time for building

connections and holding conversations. For example, one session is focusing on mapping forums, partnerships and meetings across Hampshire and the Isle of Wight to better understand where VCSE representation already exists.

The aim is to strengthen links between representatives and the wider sector, creating a stronger feedback loop between system conversations and our communities. It will also help to embed and sustain the learning, so that the sector strengthens its position, its impact, and its central place in the wider HLOW system. For more information, contact joy.martin@hivca.org.

GET IN TOUCH

If you would like to discuss this case study or learn more about our work in this area, please get in contact.



info@leadershipcentre.org.uk



020 7250 8049



www.leadershipcentre.org.uk