Using Social Value and Corporate Social Responsibility in Procurement to Promote Child Health Equity

Lessons from Birmingham and Solihull ICS

BARNARDO'S

Changing childhoods. Changing lives.

INSTITUTE of HEALTH EQUITY

Birmingham and Solihull Integrated Care System
Caring about healthier lives

Contents

Acknowledgments	2
Executive Summary	3
The Child Health Equity Collaborative (CHEC)	4
Background to Birmingham and Solihull's work to use social value and corporate social responsibility to promote child health equity	5
Research approach and limitations	6
Benefits for children, young people and their families	7
Wider system benefits	8
Enabling child health equity: key mechanisms and drivers	9
Challenges	11
Recommendations for future delivery	13
Conclusion	14
Appendix – Analysis of Match My Project data	15

Acknowledgements

This report was written by Xenia Koumi and Jill Roberts (UCL Institute of Health Equity).

We thank Birmingham and Solihull ICS for their work on data analysis. We are also grateful to all the practitioners and professionals who took part by completing interviews.

Executive Summary

One in three children live in poverty in Birmingham, there are wide inequalities in health among children and adults, and overall health is worse than in England. Birmingham is an ethnically diverse area, and there are related ethnic inequalities in health and the social determinants of health[1].

By embedding social value (SV) and corporate social responsibility (CSR) requirements into procurement processes, the health care system can direct resources and support toward children, young people, and their families without requiring additional public spending.

Birmingham and Solihull ICS had already begun a major programme to embed SV and CSR into procurement for public good. This included increasing the SV weighting in contracts from 10 percent to 20 percent. These activities were not created by or for the CHEC, but they provided an important foundation for their CHEC initiative, which centred on exploring if and how embedding SV and CSR into procurement could promote child health equity and increase focus on the social determinants of health.

By aligning supplier contributions with locally defined needs, the ICS enables voluntary and community organisations to deliver community-based solutions that address the social determinants of health.

The aim was to align supplier SV commitments with local child health equity priorities so that children and families in the most deprived areas of the city receive more support from community and voluntary sector organisations.

The tangible benefits for children, young people, and families include direct support - such as resources for projects focused on children and young people - and indirect benefits, such as supplier contributions that help address the wider social determinants of child health. Suppliers are now providing more meaningful and sustained support to voluntary and community organisations working with children and families. Stakeholders described how many suppliers used to support children and young people through smaller and more tokenistic gestures, such as toy donations, and this has now developed into more substantial contributions, including the funding of outreach initiatives. For example, a business provided cots, moses baskets and beds to children and babies in temporary accommodation, while another business funded all kit and equipment to a community sports programme in a more deprived area of Birmingham. A construction company working in a children's hospital also offered apprenticeships, work experience and guaranteed interviews for care leavers.

Embedding SV/CSR in procurement is supported at the highest levels within the ICB with a board member focusing on health equity, and senior leaders, including the ICB Chair and Chief Financial Officer, actively backing these efforts. The CHEC programme has reinforced this by highlighting health inequalities and social determinants of health, with dedicated leads advocating for child health equity. Senior leaders making child health equity more visible has raised awareness across the ICB and among public, private, and voluntary sector stakeholders, attracting attention from policymakers, the media, and the public, and helping inform wider efforts to address child poverty and inequality.

Most stakeholders said that hearing directly from children and young people with lived experience was the most powerful way to encourage them to tailor support and contributions to local needs. Children and young people Champions shared their own stories and those of their peers about how inequalities affected them, and this has been a motivator for private sector organisations and the ICB, as has voluntary sector organisations sharing the challenges that their clients face and the benefits of private sector support.

Birmingham and Solihull's work to embed SV and CSR into procurement has the potential to promote child health equity and address many of the drivers of children's and young people's health and wellbeing. The scale of support is currently too low for the level of local need, young people's voices are not fully included, and supplier commitments are not always followed through, with progress relying on a few individuals. Despite these challenges, the work shows potential as a model that other health and care systems could adapt and build on.

[1]https://www.birminghamsolihullics.org.uk/about-us/our-places

The Child Health Equity Collaborative (CHEC)

The Children and Young People's Health Equity Collaborative (CHEC) was a three-year partnership which ran from 2022 to 2025 between Barnardo's, the UCL's Institute of Health Equity (IHE), and three ICSs – NHS Birmingham and Solihull, NHS Cheshire and Merseyside, and NHS South Yorkshire.

To promote the vision that all children should enjoy good health and positive wellbeing, regardless of circumstance, the CHEC embedded a social determinants of health approach in the health care system, in partnership with the voluntary community and social enterprise (VCSE) sector, local government and children and young people themselves.

The CHEC's Goals, Aims and Objectives

Programme Goals

1. To promote the vision for all children and young people (CYP) to enjoy good health and positive wellbeing.
2. To reduce inequalities in CYP's health by acting on the social determinants of health.
3. To improve outcomes for CYP from underserved communities.

Programme Aims

1. ICSs strengthen their focus on the social determinants of child health with the aim of achieving more equitable outcomes for children.
2. To actively involve the VCSE sector in identifying and addressing the social determinants of child health to promote more equitable outcomes for children.
3. To strengthen the embedding of CYP's priorities and insights into ICS strategic planning and decision-making processes.

Programme Objectives

Increase focus within ICSs on the social determinants of child health and child health equity by:

1. Strengthening local partnership working.
2. Delivering an intervention or initiative informed by CYP's insights and that addresses one or more of the social determinants of child health.
3. Improving the monitoring and use of key child health equity data.
4. Actively engaging decision-makers by raising their awareness of child health equity and the social determinants of child health to support informed decision-making.
5. Establishing or strengthening formal mechanisms for capturing, integrating, and acting on CYP's priorities and insights within ICS strategic planning processes.
6. To generate and share learning from the evaluation of interventions and initiatives to inform ICS decision-making, strengthen local system partnerships, and support action on the social determinants of child health.
7. To use programme-level evaluation to understand the overall contribution of the CHEC programme to child health equity, support strategic learning across ICSs, and inform future system-wide approaches

The CHEC programme involved 4 workstreams:

1. The Child Health Equity Framework
2. Data analysis and collation
3. Interventions in the ICS areas
4. Health Equity Champions

This paper evaluates the CHEC initiative in Birmingham and Solihull.

Background to Birmingham and Solihull's work to use social value and corporate social responsibility to promote child health equity

Birmingham and Solihull ICS took a different approach from the other CHEC partners when developing their initiative. Rather than creating a new initiative targeted at a specific underserved group of children, young people, and their families, and focusing on one or a few key drivers of children's and young people's health and wellbeing (as set out in the Child Health Equity Framework), they chose to explore the potential for existing strategic work to be optimised for child health equity. Specifically, they examined how social value (SV) and corporate social responsibility (CSR) in procurement could address the wide range of social determinants of child health and inequalities. This report shares key findings on the potential and early benefits, challenges, and opportunities of using this approach to support child health equity and an increased focus on the social determinants of child health.

Context

Birmingham is the youngest city in Europe, with almost 40% of its population aged under 25 years old[2], and around 250,000 aged under 16 years old (23.4% of the population)[3]. According to 2022/23 data, the West Midlands has the highest rate of poverty in the UK, at 27%, with some constituencies seeing child poverty rates of over 1 in 2. This includes Ladywood (55%), Hall Green and Moseley (55%), and Solihull North (51%)[4]. The "scandal of child poverty" was the focus of a Birmingham Live commission[5]. Birmingham is also one of the UK's first "super diverse" cities, where citizens of ethnic minority backgrounds make up more than half of the population (51.4%), and this is higher among those aged 0-15 (67%)[6]. The layering of poverty, ethnicity, and other characteristics such as having a learning disability, means that health outcomes for local children and young people, and of their families, are not equal across different groups. Compared with Richmond-upon-Thames in London, which has one of the highest healthy life expectancies (HLE) in the UK (68.9 years for women and 70.2 years for men), women in Birmingham and Solihull have 8.7 and 3.2 years less HLE respectively, and men in Birmingham have 11 and 2.8 years less HLE respectively[7].

Tackling the social determinants of health is a system-wide task, with community and voluntary organisations playing a significant role, and local authorities acting as a key source of funding. However, this landscape has been changing in recent years, with grants and other forms of funding available to charities diminishing, and Birmingham City Council effectively declaring itself unable to balance its budget in 2023.

Background

Birmingham and Solihull had already begun a major programme of work to embed SV/CSR into procurement for public good. This included activity such as aligning procurement with the ICS's 10-year health inequalities strategy, planning a Social Value Conference, and increasing the SV weighting in contracts from 10% to 20%, alongside new monitoring processes. Since 2021, the ICS has also been using and promoting the Match my Project platform, which connects suppliers with third-sector organisations delivering support and services in the local community.

The core idea for exploring the potential of embedding SV and CSR into procurement for public good is that it represents an untapped resource for promoting health and reducing inequalities. By aligning supplier contributions with locally defined needs, the ICS could enable voluntary and community organisations to deliver community-based solutions that address the social determinants of health. At the same time, the approach is expected to "help voluntary and community organisations gain resources and capacity, while giving suppliers opportunities to increase their local impact and strengthen employee engagement." (ICB Project Team)

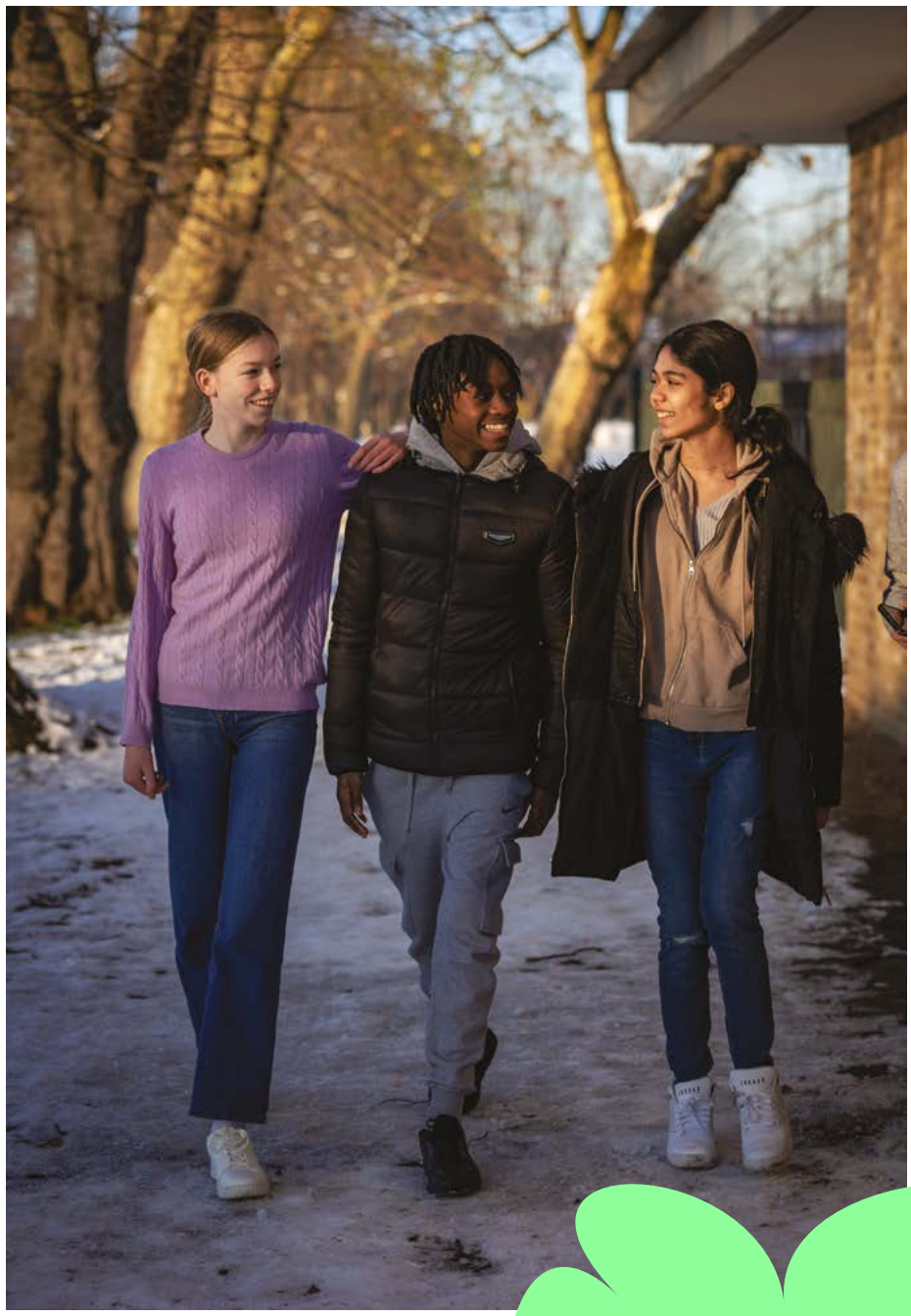
The above activities were led by Birmingham and Solihull ICS and were not created by or for the CHEC, but they provided an important foundation for Birmingham and Solihull ICS's aim as part of the CHEC – to explore if and how maximising and embedding SV and CSR into procurement could promote child health equity and increase focus on the social determinants of health. The goal is to align supplier commitments with local child health equity priorities so that children and families in the most deprived areas of the city receive more support.

[2]Breaking Down Barriers – Working Towards Birmingham's Future Supporting Younger People into Employment
[3]Birmingham: A Child Poverty Emergency
[4]UK Poverty 2025
[5]Birmingham: A Child Poverty Emergency
[6]Why Birmingham's super-diversity is a strength, and not a surprise
[7]Map of healthy life expectancy at birth

Within this context, the CHEC programme added a more targeted focus on children and young people. The £10,000 CHEC investment was used to support Health Equity Champions to help shape and develop projects that align with the Child Health Equity Framework. A dedicated ICS lead, supported by CYP engagement and data specialists, worked closely with procurement leaders, and community and voluntary partners to explore the potential of using procurement to release social value for child health equity.

In the sections that follow, we set out:

- The research approach and limitations
- The benefits observed so far for children, young people and their families – where procurement activity is directly or indirectly promoting child health equity or addressing the social determinants of health
- The key enablers and mechanisms – how the embedding of SV and CSR in procurement is making this possible
- The challenges – what risks or barriers may limit impact
- The recommendations – insights for Birmingham and Solihull and for other local health and care systems wishing to replicate this approach.



Research approach and limitations

This study used a mixed-methods approach. Findings are drawn from 13 interviews with 10 stakeholders, including ICB project team members, the procurement lead, VCSE representatives, leaders, and a CYP engagement lead (some interviewed twice).

A short documentary review was also carried out, using case studies of collaborations between voluntary organisations and suppliers, as well as information on the CYP Champions. In addition, data from the Match My Project (MMP) platform were extracted in July 2025 and analysed. The data included details of each project, any resources or funding requested, project outcomes, and whether support was offered or accepted. A key limitation of this study is the short timescale, which meant it was not possible to measure the impact of linked supplier/community organisation projects on the health of CYP and their families. No direct feedback was gathered from CYP or families themselves, although health outcomes are being measured by the ICB over a longer period.

While the number and types of projects successfully matched on the MMP platform were recorded, the potential number of beneficiaries was not quantified, and the geographical distribution of the linked projects has not yet been determined. Changes to the MMP data extracts, including the removal of some long-term unfunded projects, may have led to undercounting of total projects. Some projects also requested multiple resource categories (e.g., funding and items), which could have resulted in duplication or overcounting.

Finally, as the social value approach within Birmingham and Solihull is still in its early stages of implementation, financial proxy values have not yet been assigned to in-kind activities (e.g., volunteering, apprenticeships, or donated goods), and the MMP system is not currently configured to capture or monetise these types of contributions.

Benefits for children, young people and their families

This section briefly explores the tangible benefits being seen for children, young people, and families through Birmingham and Solihull's efforts to embed SV and CSR into procurement practices. These include both direct support - such as resources for CYP-focused projects - and indirect benefits, such as supplier contributions that help address stressors and the wider social determinants of child health.

In the July 2025 data extracted from MMP, over half of all projects listed on the platform (102 out of 200) were directly related to children and young people. VCSE-led child and family services submitted CYP-related projects requesting a total of £1,303,825 in support. Of this, £30,200 was successfully backed, representing around 32% of all successfully funded projects.

Following the Social Value Conference, 112 new projects were listed, 26 of which were successfully matched, with CYP-related projects receiving £15,200 in support during this period (approximately 16% of total successfully backed projects). While this represents a meaningful investment in children and young people and the wider determinants of their health, it also highlights a gap between the support requested and what was provided - a challenge that is explored further in a later section.

Increased support for VCSE-led child and family services and organisations

Suppliers are now providing more meaningful and sustained support to voluntary and community organisations working with children and families. Stakeholders described how many suppliers used to support CYP through smaller and more tokenistic gestures, such as toy donations, and this has now developed into more substantial contributions, including the funding of outreach initiatives, fixing broken water supplies for youth programmes and providing vans for logistics.

Support that addresses stressors and the broader social determinants of child health

Many of the projects listed on MMP as being directly relevant to CYP, provide essential items, funding, and volunteer support to address stressors such as poverty and financial hardship - important social determinants of child health.

For example, the 'Safe Sleep Scheme' for children and babies in temporary accommodation, saw a private sector organisation donating beds, moses baskets, and cots to a voluntary sector organisation for distribution. Another example includes a sports programme in a more deprived area of Birmingham and Solihull where a supplier sponsored all kit and equipment. Suppliers also supported schools with career days, visits, and guaranteed interviews for school leavers, helping address broader educational and economic opportunities for children and families.

Some projects addressed health equity more indirectly, for example by donating laptops, workspace equipment, furniture, and office fit-outs for frontline workers and volunteers in organisations supporting CYP with learning disabilities, other additional needs, or who had experienced rape and sexual violence.

Support for health services

Stakeholders described how a contractor appointed to extend Birmingham Children's Hospital was the first to actively engage with the programme, embedding social value into a major development directly linked to child and family health. As part of their successful tender for the Front of House Project, their social value offer included two T-Level Apprentices from University College Birmingham; workshops and flexible work placements for older patients; six weeks of work experience for local school students; 500 hours of workforce volunteering; and guaranteed interviews for care leavers and other groups with protected characteristics. One stakeholder noted that, without the Social Value Conference and the launch of Birmingham and Solihull ICS's social value process, these contributions would not have been made.

Faster access to support

Embedding SV and CSR in procurement has helped children, young people, and families get help more quickly. Across all projects, the average time from listing to backing was 91 days. After the Social Value Conference in September 2024, this dropped to 22 days.

Wider system benefits

Analysis of data and stakeholder interviews suggest that Birmingham and Solihull's social value initiative has contributed to some wider system benefits.

Stronger partnerships

Some stakeholders described how Birmingham and Solihull's SV initiative has strengthened partnerships across sectors. This includes partnerships between the ICB and key stakeholders, helping focus social value activity on the areas of greatest need for children and families; between private sector and VCSE organisations, enabling voluntary organisations to proactively influence the support they receive; and between private sector organisations themselves, where there is now a greater focus on collaboration instead of competition.

Raising the profile of child health equity

The initiative has increased awareness and focus on child health equity across a wide range of stakeholders, including public, private, and voluntary sector organisations, as well as within the ICB itself.

Enabling child health equity: key mechanisms and drivers

By embedding SV and CSR requirements into procurement processes, the system can direct resources and support toward children, young people, and their families - without requiring additional public spending. This section outlines the specific features of the system, platforms, and processes that appear to drive these impacts, or that have the potential to do so.

Structural consolidation

Merging six NHS trust procurement teams into one gave Birmingham and Solihull a single lead managing £1.3 billion in annual spend. This has made it easier for them to work with suppliers strategically and secure commitments that could benefit the whole system.

Leadership support

Embedding SV/CSR in procurement is supported at the highest levels within the ICS, with a board member focusing on health equity, and senior leaders, including the ICB Chair and Chief Financial Officer, actively backing these efforts. Anchor organisations, such as the ICB, play a central role in championing social value and child health equity. The CHEC programme has reinforced this by highlighting health inequalities and social determinants of health, with dedicated leads advocating for child health equity. Senior leaders working to make child health equity more visible have raised awareness across the ICS and among public, private, and voluntary sector stakeholders, attracting attention from policymakers, the media, and the public, and helping inform wider efforts to address child poverty and inequality.

Child poverty is a strategic priority in Birmingham and Solihull

The focus on child poverty in Birmingham has helped create momentum for child health equity work. The Birmingham Mail's major 2024 investigation raised public and policy awareness, giving the issue visibility and advocacy that supported wider engagement with related initiatives[8].

Relational activity

Human relationships have been central to the success of embedding SV and CSR in procurement. Stakeholders described to us how meaningful engagement, stories, and face-to-face connections are often more effective at getting supplier support than formal contracts or digital tools alone. Relational activity operates across three main levels:

- Between leaders and decision-makers - connections formed at health equity events helped create momentum for change. For example, a senior procurement lead, frustrated with the limited impact of previous SV efforts, approached the CHEC team to explore a new approach. We also heard how champions have had some influence with the procurement agenda by linking it with child health and poverty outcomes, leading to a shift in mindset among senior procurement figures.

- Between the ICB and suppliers/VCSE organisations - The ICB encouraged suppliers to think practically about SV and CSR in procurement, such as by participating in community events, and engaging directly with VCSE organisations, rather than seeing it primarily as a tick box exercise. The procurement lead has regular communication with suppliers, puts on live events, and develops interactive forums with suppliers to ensure meaningful engagement.

- As a broker between suppliers and VCSE organisations - Procurement introduces suppliers to voluntary organisations so "they can see needs first-hand, see what they do and how they can help them" (Community Sector Leader). These visits often lead to multiple projects, from toy drives to logistics support, turning small contributions into more meaningful and longer-term partnerships. "They went with one thing in mind and left ... with about 20 different projects they started doing ... and this was a company that wasn't sure what to do at first" (Procurement Lead)

Stakeholders saw these relational levers - bringing people together, sharing real-life stories, and creating chances for direct engagement - as essential for using SV/CSR in procurement to most benefit children, young people, and their families.

[8]Birmingham: A Child Poverty Emergency

Co-production of projects

Stakeholders described how working closely with organisations to understand their real needs - asking “what do you need?” rather than “what can we give?” - ensures projects are designed effectively.

The Child Health Equity Framework

Although the procurement strategy was developed independently, it was later informed by the Child Health Equity Framework, which stakeholders have said is helping to focus support on the drivers of children’s and young people’s health and wellbeing. Although further work is still needed (see challenges section).

Role of the Social Value Conference

The Social Value Conference – “a sort of speed-dating event” - acted as a catalyst for child-focused engagement within the ICB-led approach. By showing the value of SV in procurement, promoting the MMP platform, and showcasing local organisations that work with and for CYP, the conference encouraged local community and voluntary organisations to submit projects that help children, young people, and families. It also brought people and organisations together, creating new collaborations and commitments. As a result, projects were listed and matched faster, delivering support to CYP and their families more quickly.

Enhanced contractual weighting and monitoring

Stakeholders believed that increasing the SV weighting in procurement contracts from 10% to 20% had encouraged more suppliers to create and submit projects that support the health and wellbeing of children and young people.

The Match My Project (MMP) platform

The MMP platform allows suppliers and local community and voluntary organisations to connect, list projects, request resources, and receive support quickly. It tries to ensure that procurement commitments deliver tangible benefits by centralising information and enabling efficient “matchmaking”. Stakeholders reported that suppliers value the clear structure and accountability, while community organisations gain access to new resources and relationships. But there are challenges with the platform, which we describe later in this profile.

CYP voice

Most stakeholders said that hearing directly from CYP with lived experience was the most powerful way to encourage them to tailor support and contributions to local needs. Health Equity Champions sharing their own stories and those of their peers about how inequalities affect them, has been a motivator for private sector organisations and the ICB, as has voluntary sector organisations sharing the challenges that their clients face and the benefits of private sector support.

Shared learning

Interim findings from this initiative have been shared with various bodies, including NHS England’s Net Zero/Social Value team, the Health Service Journal’s Health Inequalities Conference, and other ICBs, further strengthening buy-in within Birmingham and Solihull.

Passionate individuals

Stakeholders highlighted the dedication of key figures, particularly the ICB’s procurement lead and the CHEC leads, whose commitment drove the initiative forward and helped bring partners on board.

Challenges

Findings indicate several challenges in embedding SV and CSR in procurement, particularly when aiming to promote child health equity and address the social determinants of child health.

Projects not yet matching the scale of need

While projects supported through MMP are providing valuable support, the number and scale of these initiatives remain small compared to the extent of child poverty in Birmingham and Solihull. This highlights both the potential for impact and the ongoing gap between local needs and current levels of activity. Early contributions have helped individual children or families but have not yet had a meaningful impact on child health inequalities or the broader determinants of child health.

Competing priorities

Procurement processes must address multiple high-need areas across the ICS. Ensuring that children and families remain prioritised alongside other urgent social and health needs continues to be a challenge.

> *"How do you put young children, young people first and foremost...how do we make this a good city to grow up in?"*
>
> **VCSE Leader**

Limited CYP voice

Most stakeholders described how children and young people were not consistently or meaningfully involved in shaping projects, limiting their influence on priorities and the relevance of interventions. While some engagement occurred through training or panels, some stakeholders described a lack of systematic approach to embed CYP perspectives. Early advisory panels did not gain traction, and engagement is now largely being discussed as the responsibility of of local voluntary and community organisations - for them to involve CYP when developing projects to put forward to suppliers. Stakeholders noted that a plan to strengthen CYP involvement is currently being developed by the Children's Board within the ICS, but it is not yet widely known across the VCSE sector.

Relational activity is resource-heavy and can be fragile

Building the relationships necessary to drive SV/CSR in procurement takes time, effort, and sustained leadership. Stakeholders highlighted the head of procurement's hands-on engagement with VCSEs as essential and said that such relational work cannot be replaced by digital platforms or events alone. Some stakeholders expressed concern that possible over-reliance on key individuals makes the work fragile, because if they leave, retire or priorities shift, momentum and strategic focus may be lost.

Limitations of the Match My Project platform

VCSE representatives told us that MMP can be hard for some VCSE organisations to use. We also heard that some partnerships between VCSE organisations and companies happen outside the platform, so it is harder to track their impact. Stakeholders stressed that MMP on its own isn't enough - human support and relationship-building are essential. Without this, the platform risks becoming "a form-filling exercise with no heart", reducing the impact of Birmingham and Solihull's work to embed SV/CSR in procurement for public good.

Misalignment of expectations - limited funding uptake with more in-kind support

A key challenge for Birmingham and Solihull is the mismatch between the type of support most sought by VCSE organisations and that most often offered by suppliers. VCSE organisations typically request cash funding to support their projects, while suppliers more frequently provide in-kind support such as staff volunteering, training, or donated goods and equipment.

Data from the MMP platform show that VCSE organisations requested a total of £2.5 million in funding (median £5,000; range £150 to £900,000), yet the total value of projects backed was £94,513.

The reasons for this gap are not yet fully understood. One explanation may be that VCSE organisations prefer cash because it offers flexibility to cover core costs and sustain services. In contrast, suppliers may find it easier to offer and account for in-kind contributions, which are more visible to others and easier for suppliers to record and report as social value. Cash funding, once spent, can be harder to track and may go towards less visible operational costs.

Interviews with stakeholders also revealed differing assumptions about what social value would look like in practice:

> *"Walking around Birmingham and Solihull, you should be bumping into social value activity quite a lot of the time... there is no way that there is £200 million worth of spend [i.e. 20% of the ICB's total annual spend of £1 billion] going into Birmingham and Solihull every year around social value... it's very unlikely to materialise as cash."*
>
> **VCSE Leader**

> *"We were always clear that this was likely to be 'in-kind' support... but that doesn't mean that others were too."*
>
> **Project Manager**

Birmingham and Solihull has not yet assigned financial proxy values to in-kind activities such as volunteering or apprenticeships. This is largely because the social value approach is still in its early stages of implementation, and the MMP data systems are not yet configured to capture or monetise these types of contributions. This means that Birmingham and Solihull cannot yet fully measure or show the impact of social value activity within its contracts, which makes social value less visible and points to the need for clearer communication and shared understanding among partners. There are, however, plans to introduce this in the future.

Without consistent definitions, agreed methods for quantifying in-kind activities, and robust tracking, expectations are likely to remain misaligned - with VCSE organisations seeking funding, suppliers offering in-kind support, and the ICB focused on measurable community-wide benefits that may not align with partner priorities. These challenges may be further compounded by the ongoing clustering of Birmingham and Solihull ICB with the Black Country ICB.

Formal procurement processes in development

Some stakeholders thought that much of the SV and CSR activity has been achieved informally through relationships, rather than embedded in formal procurement processes, with more work needed to create the infrastructure to carry the work forward.

Lack of follow-up and accountability

Another challenge is that providers are not consistently held to account for their SV pledges in contracts. Without dedicated resources to monitor SV delivery, suppliers may promise initiatives during tendering but fail to implement them fully - or at all - and there is little systematic tracking or evaluation, although there are plans for this in the future.

> *"The main thing that needs to happen is that somebody needs to follow up with the private sector organisations [to check] have they done it? To what degree have they done it? Can you give me a figure which says you have invested this much time or [achieved] this much impact ... It's very loosely managed from a contractual point of view...We've given you a £15,000,000 contract and you've delivered £2,000 worth of activity"*
>
> **VCSE Leader**

Recommendations for future delivery

The research findings point to important things for Birmingham and Solihull ICS and other health and care systems to consider when embedding SV/CSR into procurement with an ambition to promote child health equity and the social determinants of child health.

- Make SV/CSR in procurement a long-term, system-wide priority by embedding it into ICS strategy, governance, and procurement processes. Establish sustainable infrastructure, dedicated leadership roles, and clear accountability so progress is not dependent on a few individual champions. Ensure all contracts include outcome-focused social value requirements, supported by robust monitoring and reporting, so that suppliers' commitments are consistently delivered, tracked, and translated into measurable impact for local children, young people, and families.

- Develop a practical, cross-sector social value framework and toolkit that defines what counts as social value in Birmingham and Solihull (including cash and in-kind contributions), sets out priorities linked to the social determinants of child health, and explains how activity will be recorded, valued, and communicated. Engagement with VCSE organisations and suppliers can help the toolkit reflect the reasons behind differing preferences for cash versus in-kind support and provide guidance on how to balance these preferences in practice. Provide consistent messaging through supplier briefings, VCSE engagement, and procurement documentation.

- To maximise the potential of social value in procurement to address local need, link procurement with NHS organisations and the ICB, public health, children's and adult's services, social care, housing and other local authority teams, Health Equity Champions and VCSE organisations to create a more joined-up response to health inequalities. Establish shared governance, data-sharing agreements, and aligned reporting so all partners can plan and deliver social value activity that meets local needs and promotes child health equity.

- Shape social value projects using local data and the lived experience of children and families, ensuring activity meets the right needs, in the right areas, and at the right scale. Involve children and young people consistently so their views help set priorities, shape design, and guide reporting. Encourage and support both suppliers and VCSE organisations with guidance on how to develop and test solutions with children and young people, not just for them.

- Help smaller VCSE organisations access SV/CSR opportunities by working through umbrella organisations that can broker relationships, share information, and support capacity building. Continue to provide structured networking and support opportunities so private sector suppliers and VCSE organisations can meet, build relationships, and collaborate more effectively.

- Improve the tracking and reporting of social value. Expand the use of MMP to capture both cash and in-kind contributions; and consider adopting a recognised valuation framework such as National TOMs (Themes, Outcomes and Measures) to do this. Collect stories and case studies that highlight the real impact for children and families, especially for VCSE organisations and suppliers that prefer relational approaches and are not on MMP. One stakeholder also suggested using simple branding or "badging" for supported projects to increase awareness of social value activity across Birmingham and Solihull and encourage engagement.

- As SV/CSR work develops, keep children, young people, and families at the heart of decision-making. Establish a network of child health equity champions across organisations to maintain momentum and a focus on children, young people, and their families, over time.

Conclusion

Birmingham and Solihull's work to embed SV and CSR into procurement shows clear potential to promote child health equity and address key drivers of children's and young people's health and wellbeing. It has already delivered tangible benefits, including essential items and new opportunities for education and employment, supported by strong leadership, partnerships, and tools such as the Match My Project platform. However, the scale of support remains too small for the level of local need, young people's voices are not consistently included, and supplier commitments are not always followed through, with progress dependent on a few individuals. To build a strong, sustainable system, the ICS and partners need to embed SV/CSR into strategy and governance, strengthen cross-sector collaboration, consistently involve children and young people in decision-making, and improve tracking, reporting, and accountability across suppliers and projects. Despite current challenges, the approach shows promise as a model that other health and care systems could adapt and build on.

Appendix
Analysis of Match My Project data

In the July 2025 data extract from Match My Project (MMP), which was analysed by BSol ICB staff, over half of all projects listed on the platform (102 of 200) were directly relevant to children and young people. VCFSE-led child and family services submitted CYP-related projects that collectively requested £1,303,825 in support, of which £30,200 (approximately 32% of all successfully backed projects), was successfully backed. Following the Social Value Conference, 112 new projects were listed, 26 of which were successfully matched, with CYP-related projects receiving £15,200 in support during this period (approximately 16% of total successfully backed projects). While this represents a meaningful investment in children and young people and the wider determinants of their health, it also highlights a gap between the support requested and what was provided.

Overall, of 200 projects submitted, 125 (62.5%) were shortlisted, and 75 (37.5%) were not. Of the 125 shortlisted, 48 (38.4%) were accepted (144 did not have an offer made, and 8 received an offer, but it was declined). Of the initial 200 project listings, 48 (24%) had an offer made and accepted. Of the 200 projects listed on MMP, 112 of these (56%) were listed following the Social Value Conference in September 2024. 23% (26 listings) of the 112 had an offer accepted. We can therefore see that 88 projects were listed on the platform prior to the conference (of these 16 had been backed), and 112 following, representing a 27% increase. BSol had been using MMP since August 2021. This shows that the usage of MMP has increased substantially (likely due to the promotion of MMP through both the SV conference and the increased SV weighting and monitoring within ICB-held contracts and associated tender processes).

Of all projects listed on MMP, the most requested resource was "Funding" (and this is the only resource category that can be quantified in the available data). In total, £2.5m in support was requested (however, skewed by outliers, e.g. £900,000 for a single project). The median amount was £5,000 (IQR £25,113, range £150-£900,000).

Figure 1: Bar chart showing the percentage of funded and unfunded projects by type of resource requested

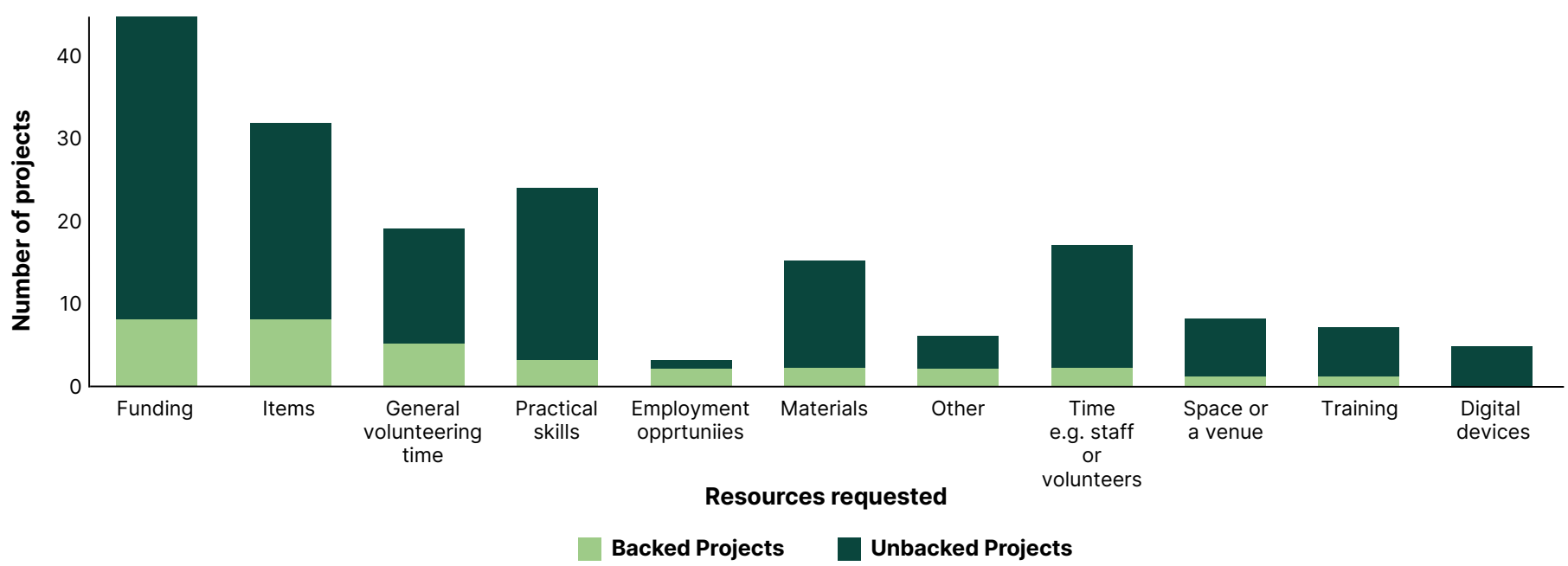
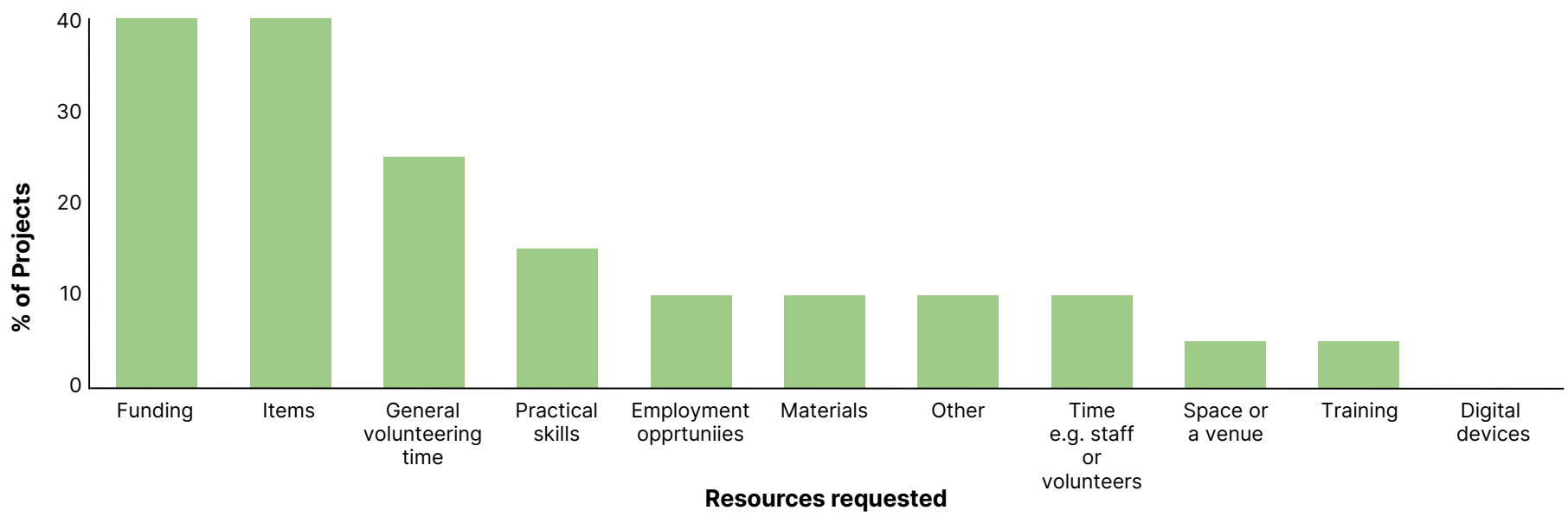


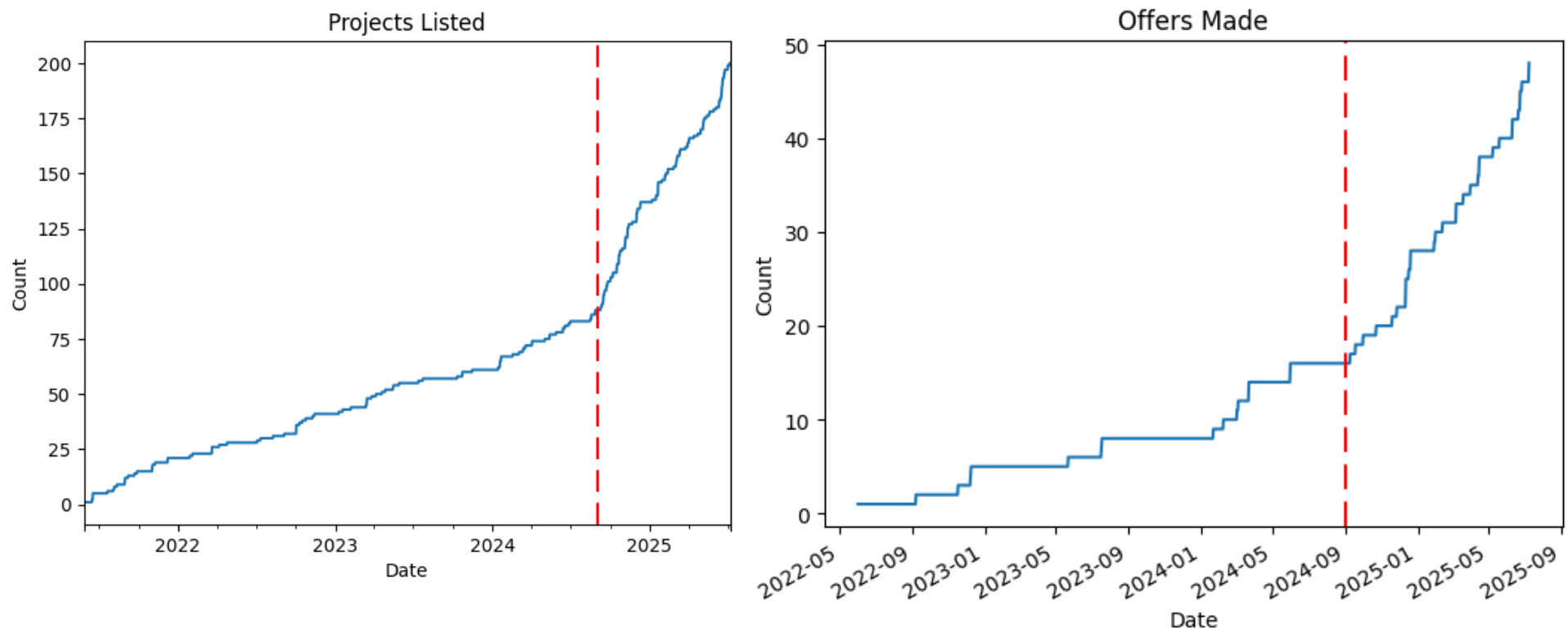
Figure 2: Bar chart showing the percentage of funded projects by type of resource requested



The total value of projects listed and backed was £94,513. Among projects that requested funding and had their offer accepted, the average value requested was £6,751. Among projects that were listed following the conference requesting funding, and were accepted, the total value was £64,963. However, it is not clear if the full requested amount was provided in all cases.

Of all successfully backed projects, the average time between it being listed on MMP and being backed was 91 days. Of the 32 projects that were listed and backed after the SV conference, the average time from listing to backing was just 22 days, suggesting a dramatic increase in usage of the platform and the speed of "matchmaking". 6 projects listed before the SV conference received offers of support after the conference (these projects were listed for a mean of 617 days (range 24-1251 days)).

Figure 3: Time series chart showing the number of projects listed (left) and number of offers made (right) over time. The red dotted line shows the Social Value Conference (September 2024)



Just over half (102) of the 200 projects listed on MMP were tagged with meta data indicating they are relevant to CYP. Since the launch of MMP, a total of £1,303,825 was requested for projects linked to CYP, £30,200 of which were successfully backed. Since the SV conference these values were £1,142,420 and £15,200 respectively. There is initial evidence of specific benefit to CYP through the supported projects, but these will require further qualitative analysis of free-text data drawn from the platform.

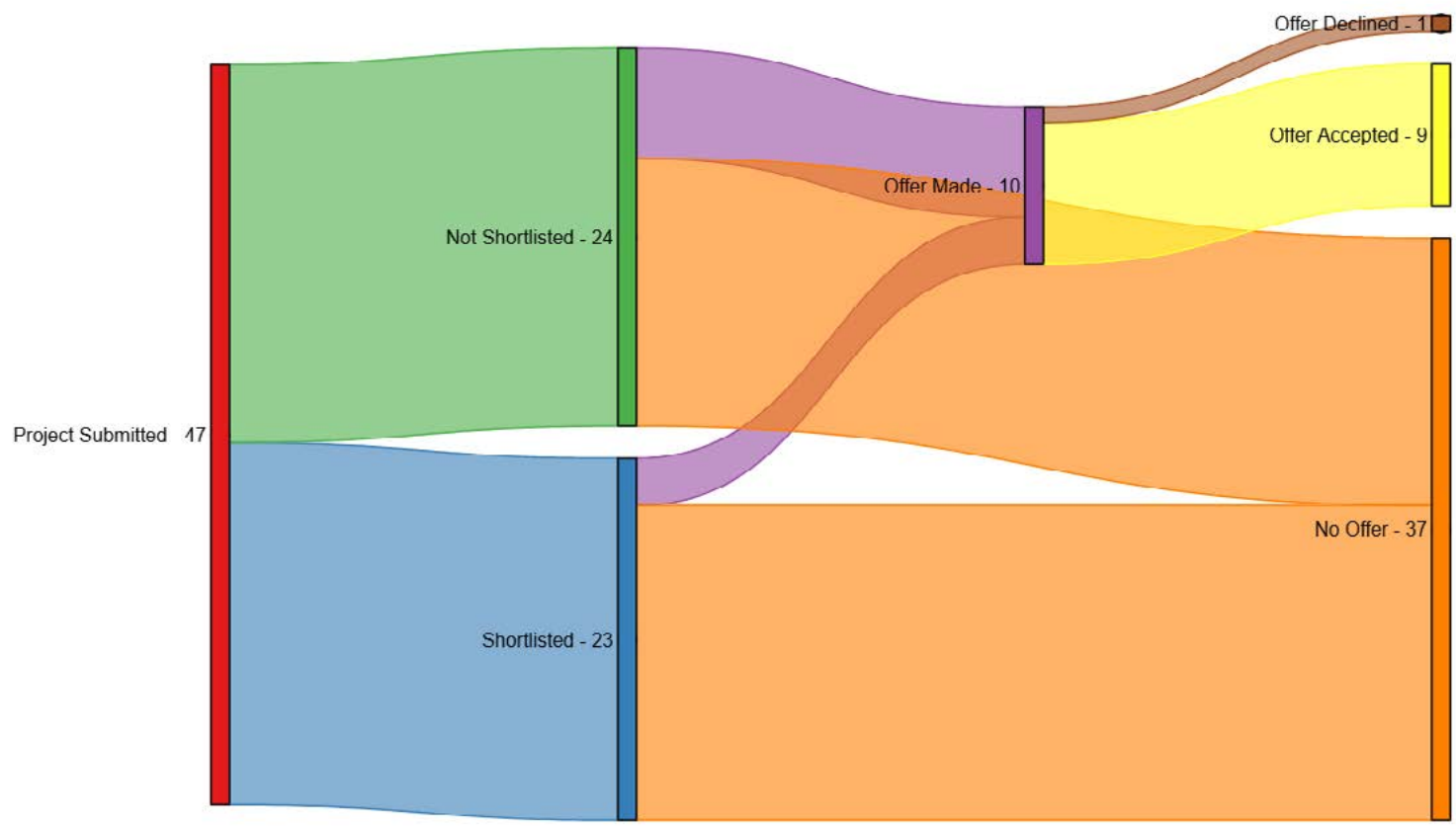



Figure 4: Sankey chart showing the flow of projects tagged as relevant to CYP listed on MMP after the Social Value Conference (September 2024), and their outcomes