

## NAVCA Members' Meeting: Integrated Neighbourhood Teams

30 September 2025

### Introduction and background

This is the second NAVCA member meeting on neighbourhoods focusing on Integrated Neighbourhood Teams. It sprang from an online discussion and clear ask from members to discuss their experiences. The first meeting in July highlighted a set of common issues around:

- co-terminosity of boundaries and who decides boundaries;
- significant change happening simultaneously in multiple parts of the public sector, causing inertia and a lack of stability;
- the role of elected members and the influence they have on specific decisions at a micro-level;
- how neighbourhoods are used and how decisions are made to distribute resources;
- representation, and the role of LIOs to bring neighbourhoods together to escalate and amplify voices.

Neighbourhoods are clearly an important part of the landscape going forward, in part driven by the need to reform public service delivery. But how they are being used and spoken about by different services or for different outcomes doesn't always connect, with multiple drivers and initiatives being cascaded.

Neighbourhoods are now a major part of government policy delivery. They are part of at least five different policy areas:

- **Health** – Integrated Neighbourhood Teams; delivery of health services at neighbourhood level
- **Economic growth and regeneration** – Plan for Neighbourhoods; Trailblazer Neighbourhoods now rolled into the Pride of Place strategy
- **Community cohesion** – the Common Ground Fund and Pride in Place strategy
- **Local Government Reform** – plans for neighbourhood governance within the forming unitary authorities
- **Local democracy** – with an aim to re-kindle interest in civic participation and engagement.

The discussion focused on:

- What is the role of LIOs in this space?
- The action that is currently being taken – to share experiences
- What do we need to do to influence at place and nationally?

## The role of LIOs

There was a frustration at the current environment, with a need to counter far-right narratives and Reform UK whilst also working in a context of local government and health service reform. These system changes are very top-down, with neighbourhoods used as a tool, and there is a need to connect better with a bottom-up harnessing of community energy and assets to support people. We have been waiting for action on health and, whilst the 10 Year Plan has been published, there is insufficient clarity on how the shifts to community, prevention and digital will be achieved.

Our focus as LIOs was seen to be on:

- **Public service reform** – supporting good transformation, opening opportunities, creating ideas and the environment where they can land
- **Fostering resilient communities** – making the connections within and between communities so people can thrive
- **Bringing a focus on partnerships and relationships** as key to enacting change, not just via physical assets.

Our role is to convene, connect and fill gaps, within the VCS and between the VCS and statutory services, and within and between different parts of statutory services.

There are also roles to:

- **advocate for the VCS to be engaged well** – to acknowledge and meet the costs involved and host work in the best place e.g. in a community hub
- **set out the case for social impact**, demonstrating SROI
- **promote the importance of partnerships and collaborations** in the VCSE to reinforce their strengths and put themselves in a position to bid
- **bring to the fore the Civil Society Covenant speaking to points** on trust, respect and appreciation, and funding what the VCS brings to the table and how local infrastructure does connecting and bridging.

## Current action – a sharing of ideas

*Using position at place to bring local authority and NHS localisation agendas together* – to make sure Integrated Neighbourhood Teams (INTs) and local authority services are connected, especially around adult social care and taking it into community hubs and meeting places. This builds on community partnership structures which focus on health inequalities, and which provide scaffolding to get into local agendas.

*Proactive data led work* reaching out to people at risk, identifying where they are and what their needs are.

*Lack of funding and recognition/respect* – there was frustration about a desire or expectation that the VCS is engaged and contributing, but without funding for that capacity. That manifests in a lack of effective joint working – VCS is often the minority partner in the room, and expected to fit into NHS structures rather than the NHS working with VCS structures. There are lots of siloed bits of activity and governance, with the expected VCS role to join them up, and engage in multiple places. There is a lack of connections as result and statutory bodies are not aligning their agendas, or even the geographic areas they're looking at, and the LIOs ends up trying to help stitch them together.

Experience of a *permissive culture in the NHS* - local ICSs being instructed just to "get on with it" without a clear steer nationally, resulting in more local variation and unpredictability.

A need to *better connect the health and local authority agenda* - 97% of VCSE in Northampton are small or micro, so limited understanding on how they can affect an agenda. There is a need to start to help piece together the disconnection between health and local authorities. This is being done on £2.5k per year on disinvestment contract from the local authority. Needing to have conversations with actual delivery partner on neighbourhoods to influence there and start to leverage funding.

## **Influencing**

There needs to be clarity on what is meant by "neighbourhood" as they are currently defined in lots of different ways by central and local government, health systems and communities. The language used in all sectors needs to be sharpened. Effective delivery at the neighbourhood level of the people and communities within it and their needs, mapped against the nature and extent of the VCSE sector in the same area.

The conversation on neighbourhoods offers a route to lead NHS and local authority colleagues into acknowledging the VCSE sector role in prevention. The most senior managers are allies in the preventive shift but struggle with:

- a) releasing resourcing from big provider contracts and
- b) pushing the cultural change programme down through their teams.

To support this, we need to demonstrate locally and nationally:

- the blockages that occur [e.g. within GP contracts which do not provide funding for preventative work]

- the learning from projects that identify the practical operational challenges to VCSE participation and how they can be overcome.

NAVCA has a key role in:

- 1) lobbying nationally and regionally to land the value of VCSE infrastructure knowledge and connecting in an environment where government thinks it's already got this covered by speaking with The Richmond Group or direct to national charities
- 2) Making the SROI case for VCSE as an effective and efficient model of delivery
- 3) supporting LIOs to navigate specific issues like the move toward NHS trusts being the 'commissioner'.

### Next steps

We agreed to meet again in the new year to focus on:

- Input on a good example (Cornwall and Isles of Scilly) and an area with poorer system practice (Nottingham). Both of these are in the first wave INT areas.
- Understanding of the wider shift to neighbourhoods across the policy agenda.

Emma, Jules and Jill will form the agenda and a date will follow shortly.

**ACTION: Emma Rowse, Jules Selebin, Jill Hopkinson to present, NAVCA to find a date and sort logistics.**

### Specific longer form examples

#### Cheshire West and Chester neighbourhood working overview:

1. Trying to use our voice at Place to join up the NHS and local authority conversations about 'localisation' to use a generic term. Local authority is committed to Community Led Support which has already led them into community access point work - which we are now leading on.
2. We also lead on Community Partnerships across the borough which are local cross-sector forums focused on health inequalities.
3. The other lens I didn't mention when I spoke is the need for us NOT to get stuck conceiving of community hubs/places as community access points. For us in the VCFSE sector, they are crucial to flourishing communities. Yet there is no funded community development work in our borough.
4. Some Community Partnerships are getting involved in data-led work reaching out to local at-risk cohorts (around physical health

### Emma Rowse – Cornwall

Cornwall is part of phase 1 of neighbourhood health delivery for INTs. Local Infrastructure is critical in neighbourhood health across the whole county with 16 hyperlocal neighbourhoods. VCSE organisations are now well represented within neighbourhood delivery, but investment is needed to support it. It is really important that local infrastructure is in the conversations, connecting different voluntary organisations together and being the bridge to connect VCSE with other sectors.

**What has led to this?** CCG invested in three year funding [previously] of grant funding and capacity building for the VCSE sector. There is ambition about equality of voice and participation in design and delivery of services and support. There is a greater share of public sector support going into VCSE over time. Increased investment into VCSE sector delivery by £7M per year over last 3 years. ICB and local authority realised that need to work with and fund local infrastructure to get the greatest reach into the VCSE sector.

How has this been achieved?

- A seat on the ICB
- building a strong relationship with key ICB and Trust contacts including the VCSE lead commissioner and CEOs of acute and community trusts (we're just about to become a NED on the board of the community health trust)
- using strong stories of impact and change from VCSE service delivery
- and SROI data.

Pushing for a VCSE infrastructure seat on the ICB (and new cluster), ICP and H&W Board has been key in raising the voice and credibility of the VCSE sector.

### Lynne Regan - Manager Frimley VCSE Alliance

Frimley ICB has the challenge of its cessation in March 2026 and the creation of the new Thames Valley ICB which will be BOB (Berks/Oxfordshire/Berks) and the Berkshire part of Frimley ICB and then the remaining geographical split into Hamps & Isle of Wight ICB then Surrey & Sussex ICBs who are currently "clustering". Three Sub-Groups have Action Plans which have blended Frimley ICB/NHS national priorities and VCSE themes into ambitions and deliverable actions which encompass themes such as prevention, analogue to digital etc. Unfortunately, there is much reduced time to deliver that operational (rather than strategic) plan!