



WVA CONFERENCE AUTUMN 25 NHS 10 YEAR PLAN

Neighbourhood health; A Warrington VCFSE lens

Naz Ghodrati, MBACP, MSc Social Policy

WVA, CEO

September 2025

NHS 10-year plan

Neighbourhood Health: Resurfacing health policy, buzzword of the moment.

Neighbourhood health; the idea isn't radical, but implementing it, with the members of our communities at the centre of it, would be.

A community-focused approach isn't one policy; it is a coordinated and collective action that needs the VCFSE sector's offer , and for all sectors to work as a complementary system.

Getting the balance right will be a key challenge when it comes to the implementation of ambitions around neighbourhood health.

Voice of The VCFSE Sector:

But we are ALREADY doing that!!!

- Do we mean the same thing?
- What does from crisis to prevention look like in practice and funding?
- How is it going to shape the VCFSE sector's demand?
- Do we mean the same thing when we talk about early interventions?
- What are the expectations from the sector?
- How specifically, this going to impact my service?
- How can we help and be part of the solutions?

The Focus

How do we layer the needs of the health system with the voice of the people through VCFSE insight and experience?

How do we move away from **To'ism (do to)** and promote **With'ism, (do with)** – Co-production

Guiding Principles: Pillars of Responsibility

PILLAR	DETAIL
Capacity building	Create systems and spaces that build local capacity, empowering communities to drive change through mutual agreement.
Equal partners	Ensure that community voices, ideas, and involvement carry equal weight to academic or advisory opinion in all decisions.
Shared goals	Agreement that decision-makers and communities will work together to create meaningful priorities to reach a realistic and sustainable solution to challenges.
Resource transparency	Everyone involved in consultation and decision-making should be aware of the resources available and those needed to achieve the goal.
Fair recognition	Offer fair, proportionate and transparent recognition and, where possible, remuneration responsive to the organisation or individual's needs and participation level.
Inclusive practise	Every engagement is welcoming and accessible, considering language, tone, format, location, timing, cultural needs, and emotional wellbeing.

Aligning Strategy with Action

Power Sharing → Transparent, meaningful decision-making

Equal Insight → Our voices, expertise, and knowledge shape the system and how it operates

System Equity → Investment in the VCFSE sector, share resources

Community Voice at the Heart of Transformation

There's really no such thing as the 'voiceless'.

There are only the deliberately silenced, or the preferably unheard.“

(Gods of Small Things)



Overview of the key components of the NHS 10 Year Plan and Neighbourhood Health

Amanda Ridge, Associate Director – Transformation and Partnerships –
Warrington, Cheshire and Merseyside Integrated Care Board

Chris Nisbet, Transformation Programme Lead (Integrated post between
Warrington Borough Council and Bridgewater Community Healthcare NHS
Foundation Trust)

Context

- **Rising Demand:** An ageing population with complex healthcare needs is increasing pressure on the NHS.
- **Workforce Shortages:** The NHS is struggling with recruitment and retention of staff, leading to burnout and increased workloads for remaining staff.
- **Financial Constraints:** Despite increased funding, the NHS faces ongoing financial pressures, particularly in areas like community and mental health services.
- **Infrastructure Issues:** Years of underinvestment have resulted in ageing and outdated facilities, hindering the NHS's ability to deliver high-quality care.
- **Inequalities in Access:** Significant inequalities exist in access to care and health outcomes, with certain groups facing barriers to accessing quality healthcare.
- **Waiting Lists:** Long waiting times for elective procedures and other services remain a major concern.

10 year plan - three strategic shifts

Cheshire and Merseyside

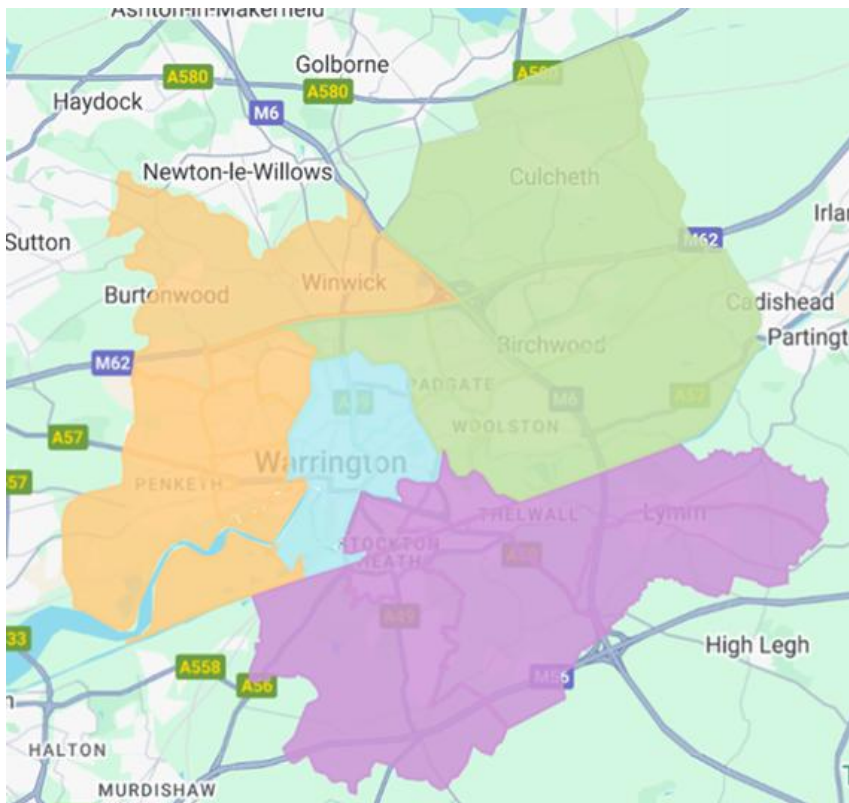
- Major role for local charities, food initiatives, youth organisations, and health inequality campaigners in:
 - Combatting obesity
 - Supporting smoke-free and vape-free environments
 - Promoting healthier behaviours
- VCFSE sector seen as essential in delivering the “healthy choice as the easy choice” especially in disadvantaged areas.



- Integrated Neighbourhood Teams will become central to care, with cross-sector collaboration essential.
- Social prescribing and care navigation will be key; VCFSE groups already doing this will be vital delivery partners.
- Emphasis on supporting complex needs, prevention, and tackling fragmentation aligns closely with many VCFSE roles.

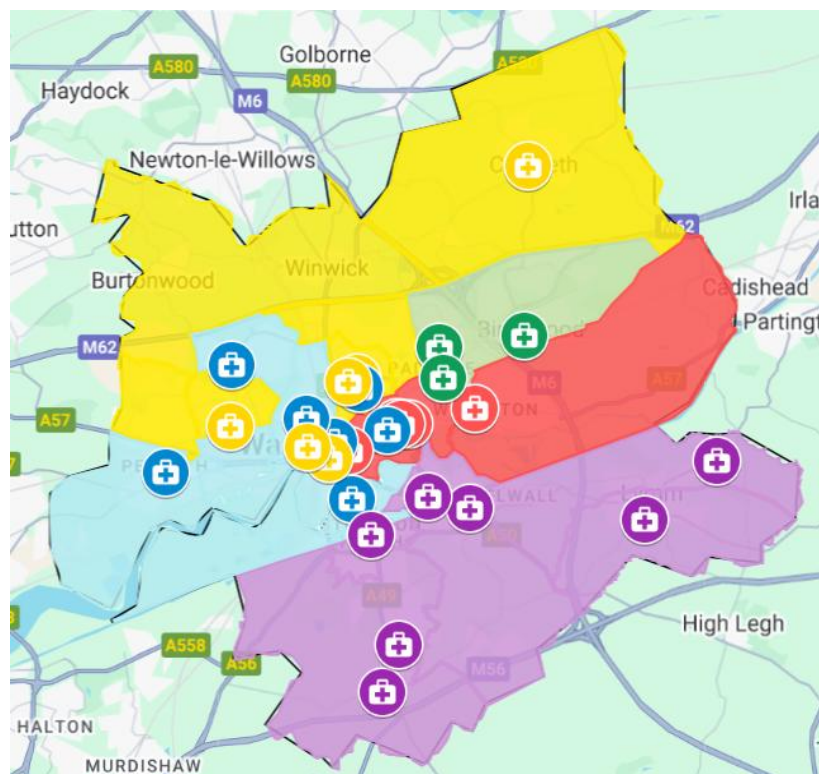
- Push toward digital access through the NHS App may create digital exclusion risks - VCFSE can help bridge this gap.
- Opportunities for VCFSE involvement in digital upskilling, advocacy, and ensuring inclusive access.

What is Neighbourhood working?

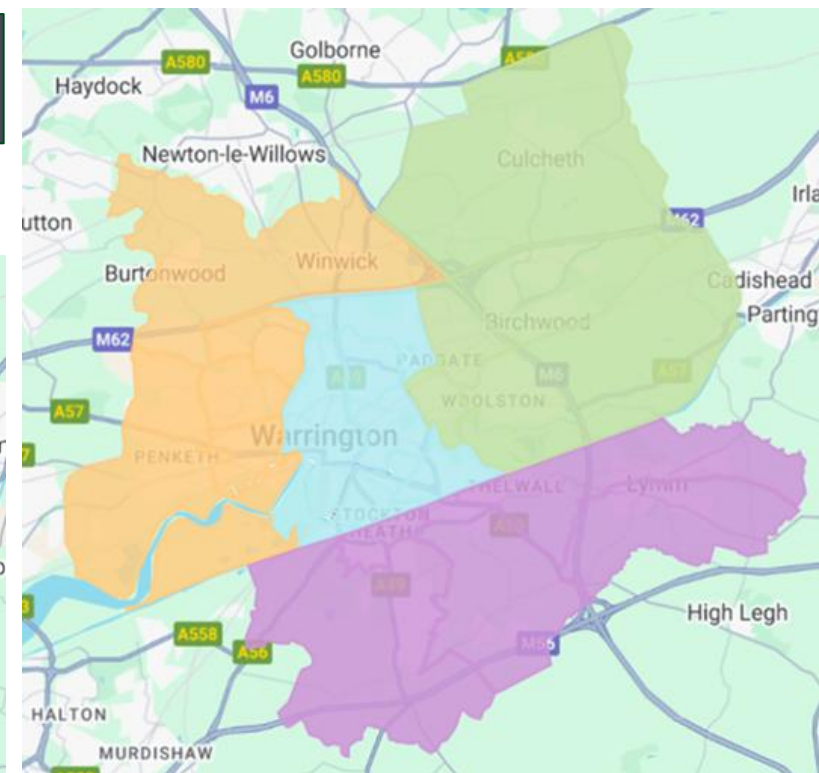


**Current ICT boundaries adjusted
for the Central 6**

**Recommended Neighbourhood Size:
Populations of 30,000 – 50,000 people**



Best fit to current PCN footprints



Current ICT boundaries

Approach to Neighbourhood Health

Cheshire and Merseyside



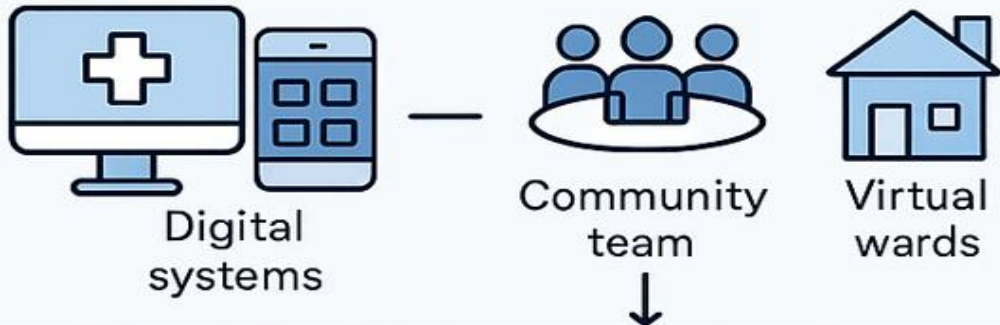
Six core components of effective neighbourhood	
	Population health management
	Modern General Practice
	Standardising Community Health Services
	Neighbourhood Multi- Disciplinary Teams (MDTs)
	Integrated Intermediate care with a 'Home First' approach
	Urgent Neighbourhood Services

Framework for Neighbourhood Health – Cheshire & Merseyside

Purpose

- Improve health outcomes
- Reduce inequalities
- Strengthen community-based care
- Empower local teams and residents

Neighbourhood Health Service Model



Neighbourhood Size:

Populations of 30,000 – 50,000 people

Core Principles

Place-Based Integration



Services designed and delivered locally

Multi-Disciplinary Teams (MDTs)



Collaboration across health and care sectors

Community Empowerment



Residents as active participants

Data-Driven Decision Making



Using local health intelligence

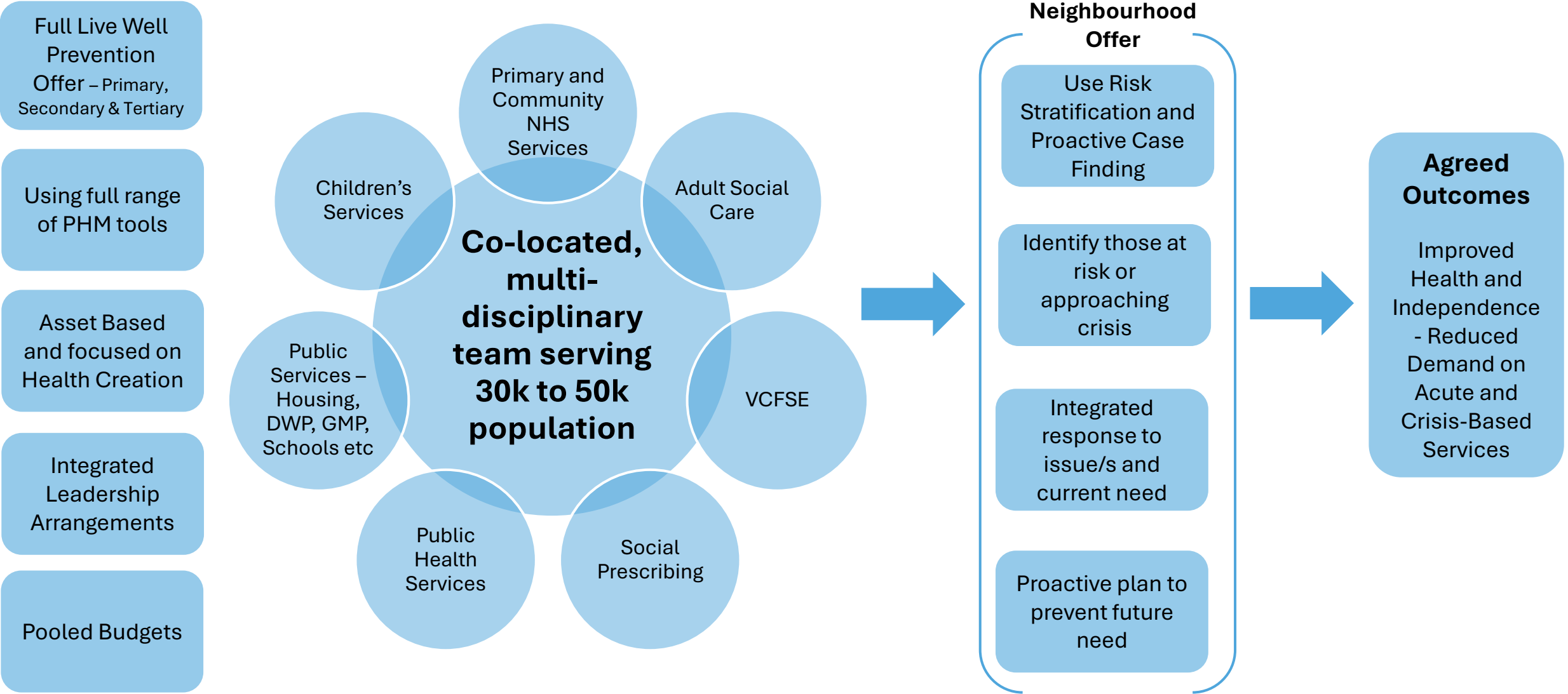
How It Works

- Primary Care Networks (PCNs) at the centre
- Services coordinated across sectors
- Focus on prevention and self-care
- Links to Place-based partnerships and ICS

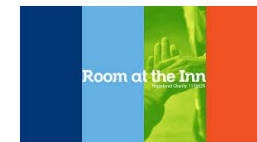
Monitoring & Evaluation

- Tracked via Beacon Indicators
- Regular reporting and feedback

The Model Neighbourhood in Practice – an example from other ICB



Working Together to shape and deliver services for our residents



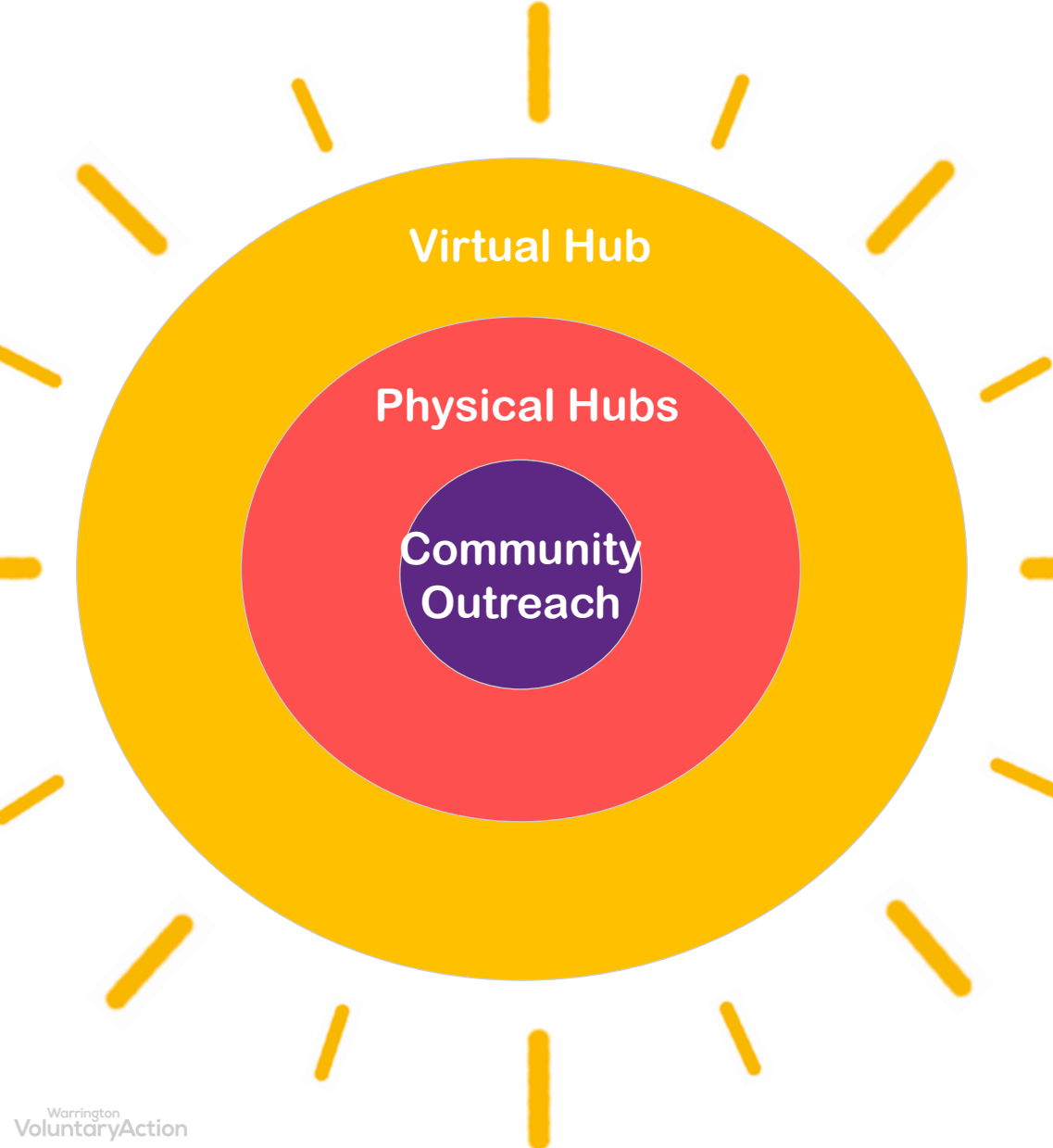
Department for Work & Pensions



Living Well in Warrington – Connecting the offers



Cheshire and Merseyside



Single, Central Virtual Hub

A wide-reaching, digital offer to advertise and publicise a broad range of health, care and wellbeing services across the town. Allows users to find and book into services that will be of benefit to them in their local area.

Network of Physical Hubs

Public assets or spaces across the town where members of the public can drop-in to start a conversation about health, care and wellbeing and/or get face to face support with understanding and accessing the services that will be of greatest value to them.

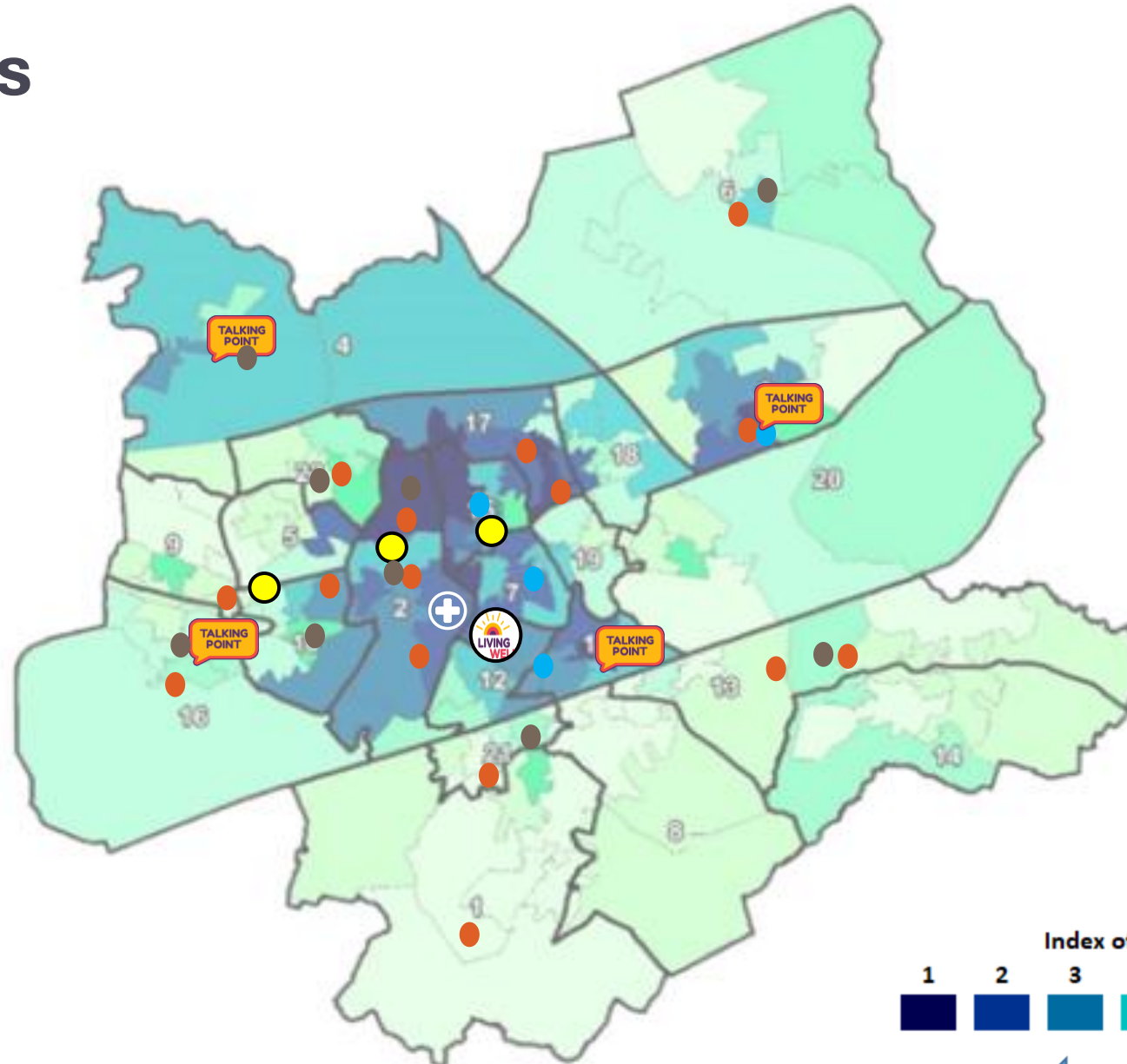
Connected Community Outreach Services

Trusted individuals and community groups who work in and amongst local communities to promote inclusion and help those historically harder to reach (through digital poverty, mobility, mental health etc.) to access relevant support services.

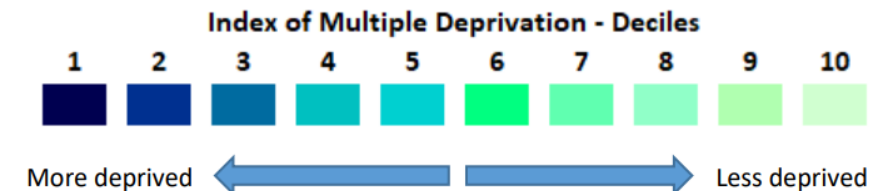
Physical Hubs

Living Well Hub
Talking Points
Neighbourhood Hubs
GP Surgeries
Family Hubs/Children's Centres
Warrington Hospital
Community Centres








Plus...
Community/VCFSE facilities
Libraries
Faith Centres etc.



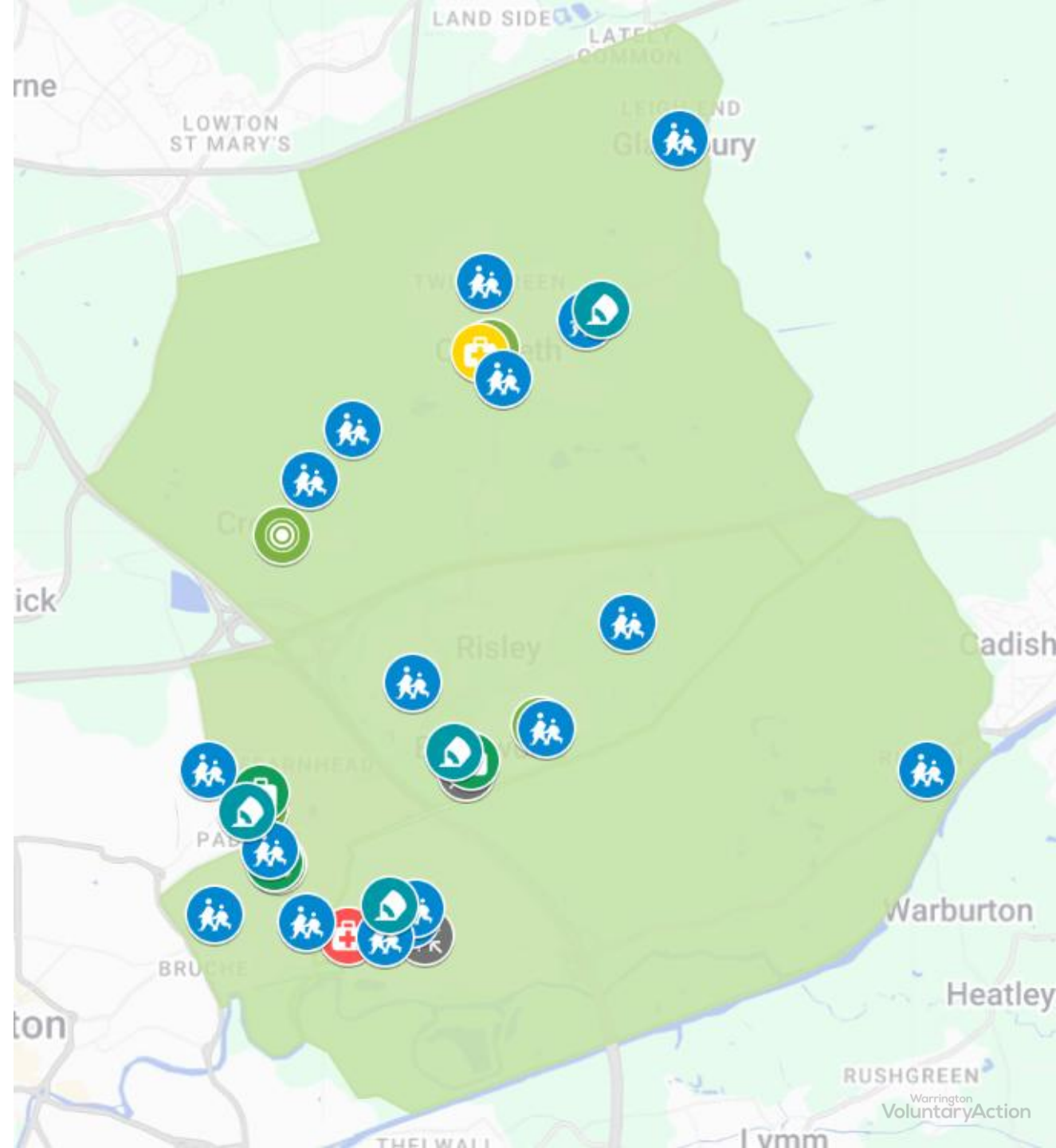
- 1 Appleton
- 2 Bewsey & Whitecross
- 3 Birchwood
- 4 Burtonwood & Winwick
- 5 Chapelford & Old Hall
- 6 Culcheth, Glazebury & Croft
- 7 Fairfield & Howley
- 8 Grappenhall
- 9 Great Sankey North & Whittle I
- 10 Great Sankey South
- 11 Latchford East
- 12 Latchford West
- 13 Lymm North & Thelwall
- 14 Lymm South
- 15 Orford
- 16 Penketh & Cuardley
- 17 Poplars & Hulme
- 18 Poulton North
- 19 Poulton South
- 20 Rixton & Woolston
- 21 Stockton Heath
- 22 Westbrook



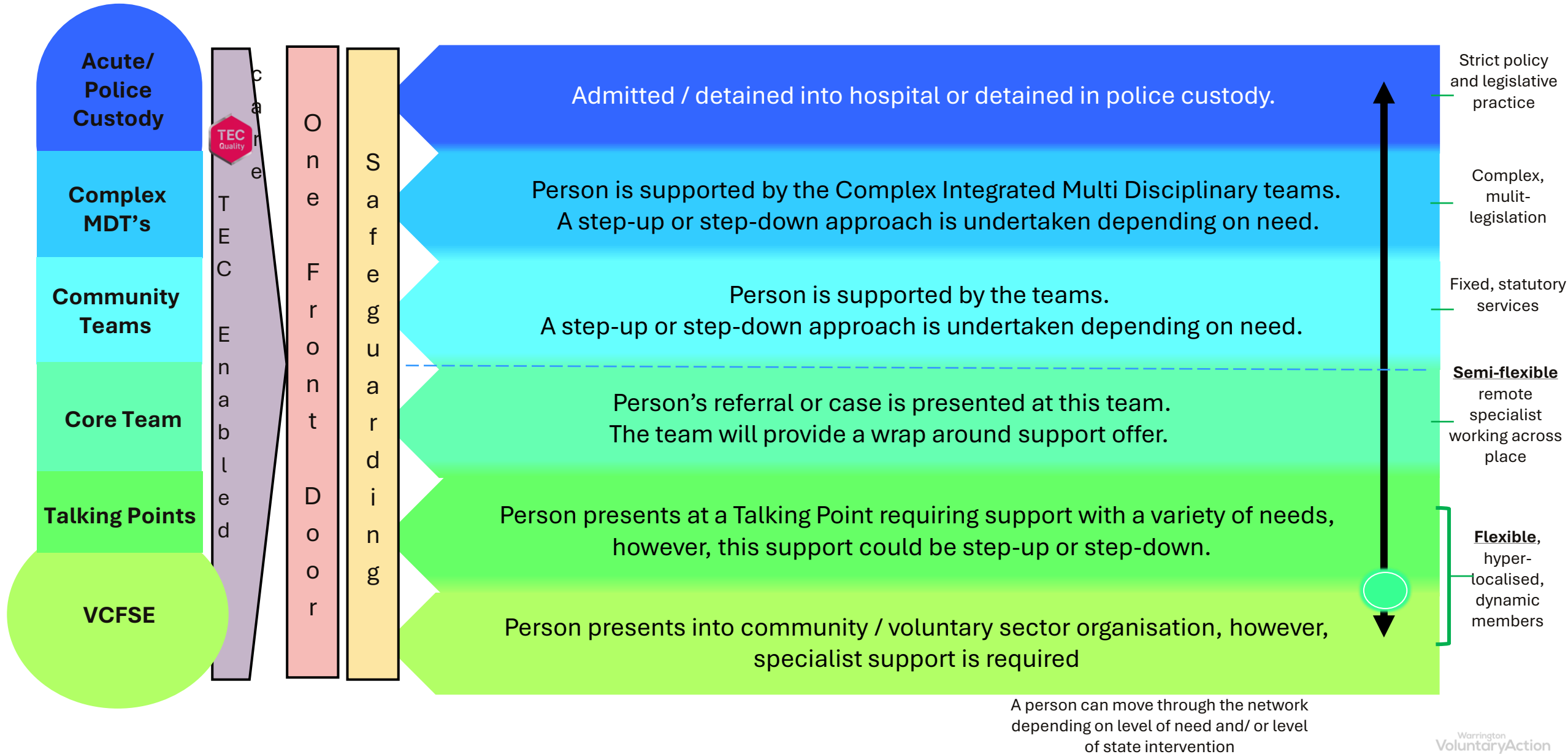
Using the assets available

-  Community Centre
-  Primary School
-  Secondary School
-  Neighbourhood Hub
-  GP Practice (Central East PCN)
-  GP Practice (East PCN)
-  GP Practice (WIN PCN)

Also, faith centres, public green spaces, VCFSE assets etc.



Integrated Neighbourhood Team – Community Networks



Next Steps

- Define INT geography
- NNHIP (Regional / St Helens / Sefton)
- Governance
- Community Engagement
- Workgroups
- PDSA (Plan, Do, Study, Act)



- What does Neighbourhood working mean to you?
- Any model can't be a medicalised model, so how do we ensure that the voluntary sector has a strong influence on how the model(s) are developed?
- How do we give you the opportunity to be the voice of the residents of Warrington?



We're part of the community, shaped by real experiences and local knowledge. People trust us because we listen, stay consistent, and focus on what matters most. We're flexible, easy to talk to, and work together to find the right support—putting people's needs before profits.

WORKSHOP ONE ***WITH'ISM, TO'ISM & PILLARS***

Socially, why are the VCFSE a strong choice to provide truly neighbourhood centred services?

With'ism can also be found in the wide range of generalised approaches and models that are shaping innovation, and which include among others:

- **relational welfare** - social capital and focus on wellbeing
- **health creation** – control over lives and environments
- **human learning systems** – workers and residents collaborating
- **liberated method** – knowing what help is needed by knowing what isn't needed
- **trauma informed practice** – understanding how past challenges can influence present complexity.

PILLAR	DETAIL
Capacity building	Create systems and spaces that build local capacity, empowering communities to drive change through mutual agreement.
Equal partners	Ensure that community voices, ideas, and involvement carry equal weight to academic or advisory opinion in all decisions.
Shared goals	Agreement that decision-makers and communities will work together to create meaningful priorities to reach a realistic and sustainable solution to challenges.
Resource transparency	Everyone involved in consultation and decision-making should be aware of the resources available and those needed to achieve the goal.
Fair recognition	Offer fair, proportionate and transparent recognition and, where possible, remuneration responsive to the organisation or individual’s needs and participation level.
Inclusive practise	Every engagement is welcoming and accessible, considering language, tone, format, location, timing, cultural needs, and emotional wellbeing.



WARRINGTON
Borough Council

Early Help & Prevention

Mike Bridges VR, FFPH
Consultant in Public Health



**Collaborating Together for
Health & Wellbeing**

WHO Definition of Health

‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’

Constitution of the World Health Organisation, entered into force on 7th April 1948 and unchanged since.



The Building Blocks to Health

Employment



Housing



Education and skills



Childhood experiences



Economic stability



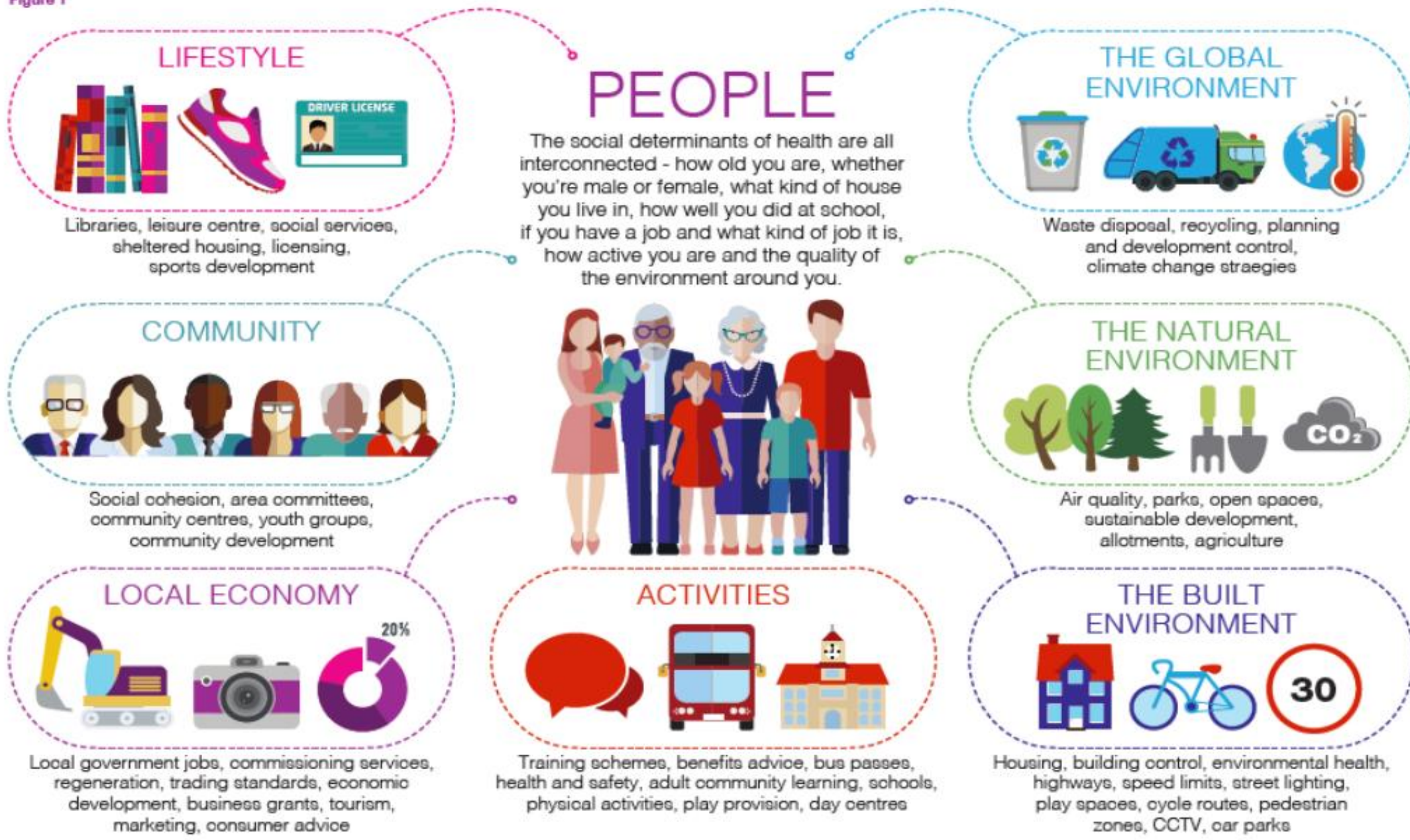
Healthcare



Social and community

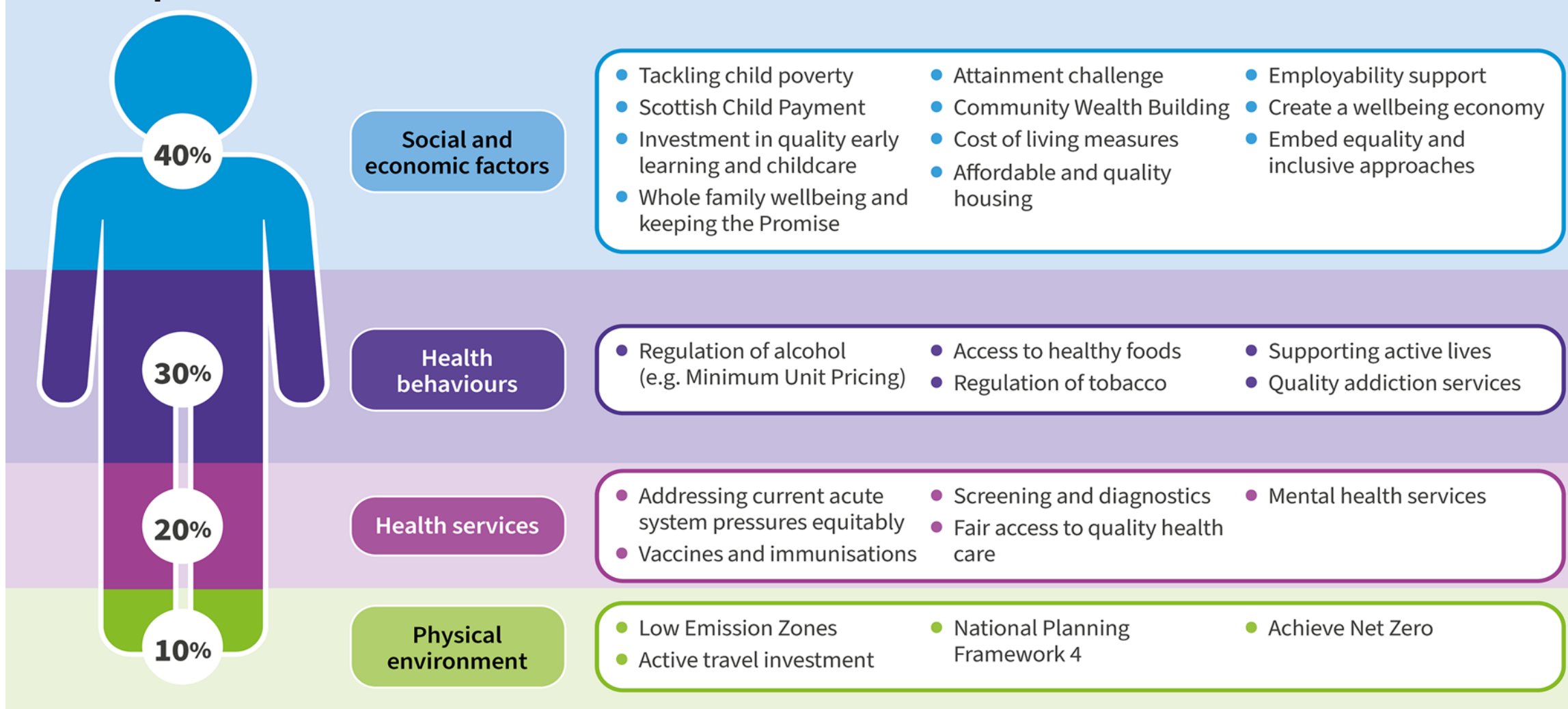


Figure 1

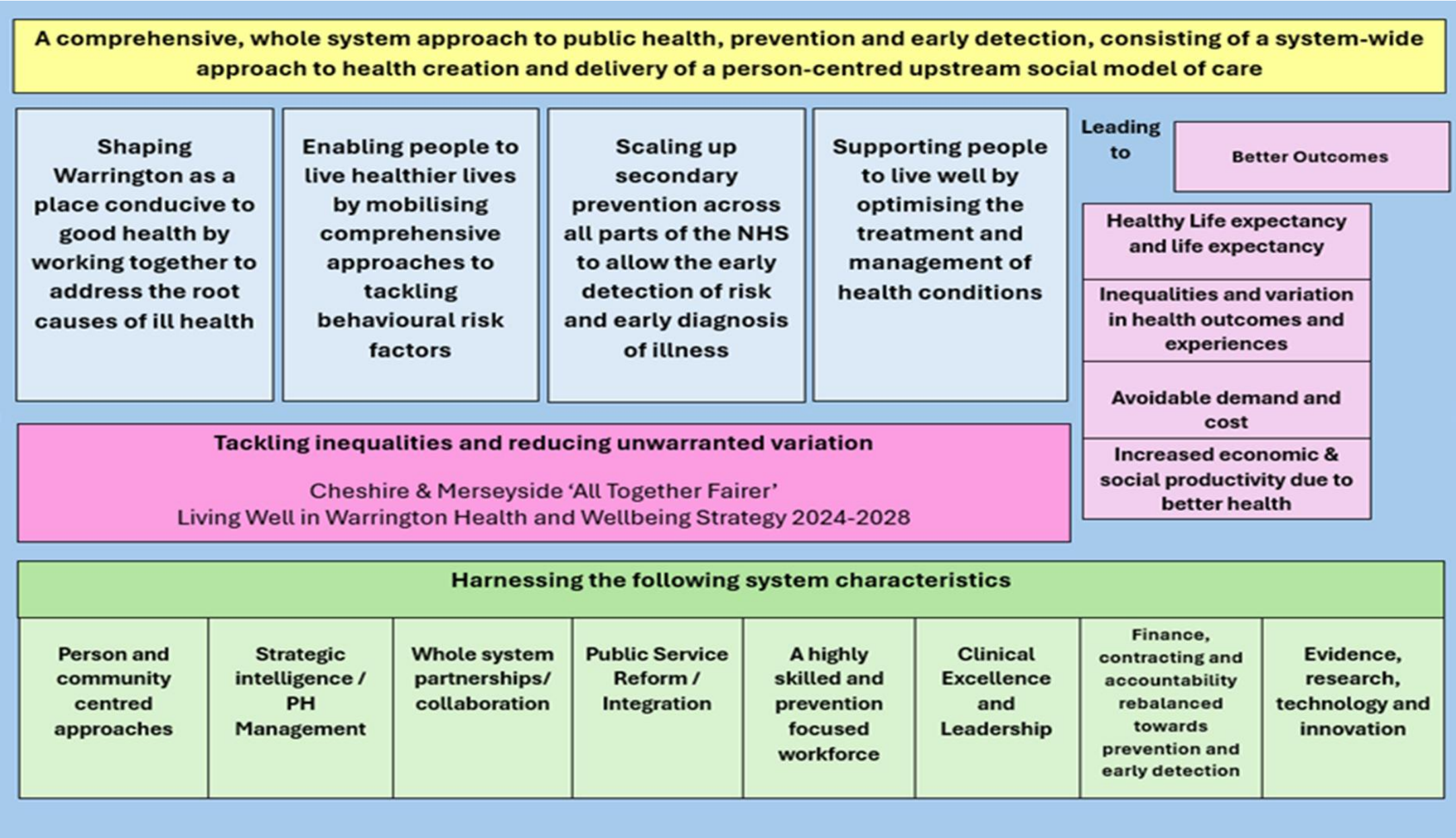


Estimates of the impact of the broader determinants of health

What shapes our health



Warrington System Approach to Public Health, Prevention & Early Detection



Leading Cause of Death Adult Males in Warrington

Coronary Heart Disease Prevalence

CHD is the leading cause of death in most male age groups, highlighting cardiovascular health risks.

Accidents in Younger Males

Ages 35-49 show high mortality from accidents and injuries, indicating safety and mental health priorities.

Cancer in Middle Age

Cancer becomes a leading cause of death in males aged 50 to 64, reflecting chronic disease trends.

Respiratory Diseases in Older Men

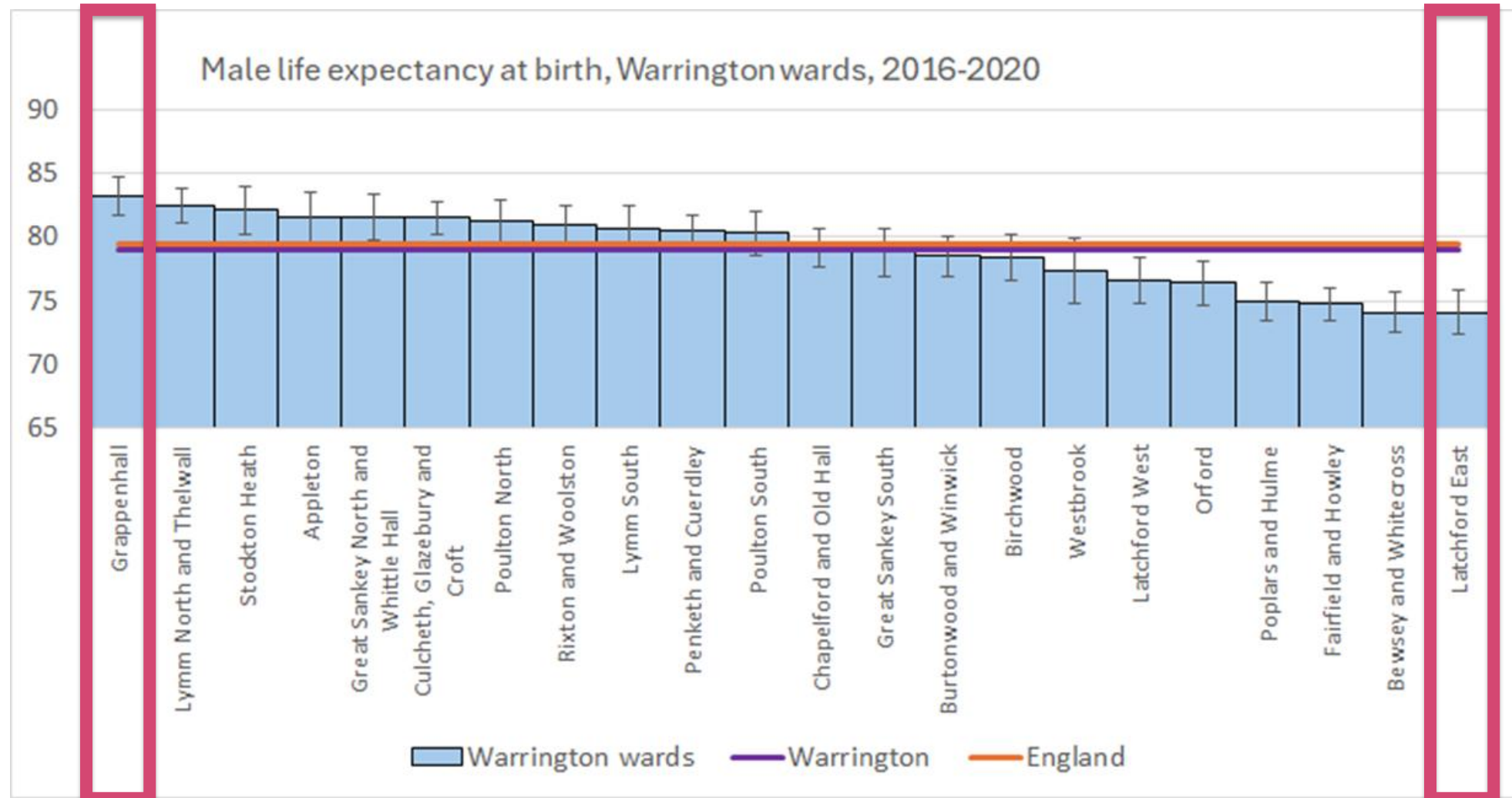
Chronic respiratory diseases rise in males aged 65 to 79, emphasizing smoking and respiratory health.

Neurodegenerative Diseases in Elderly

Dementia and Alzheimer's lead mortality in males over 80, highlighting neurodegenerative health issues.



Male Life Expectancy by Ward



Leading Cause of Death Adult Females in Warrington

Young Adults' Leading Causes

- For females aged 35-49, Covid-19 leads deaths, followed by accidental poisoning and liver diseases.

Middle-Aged Cancer Impact

- Cancer is the main cause of death for females aged 50-64, emphasizing early detection importance.

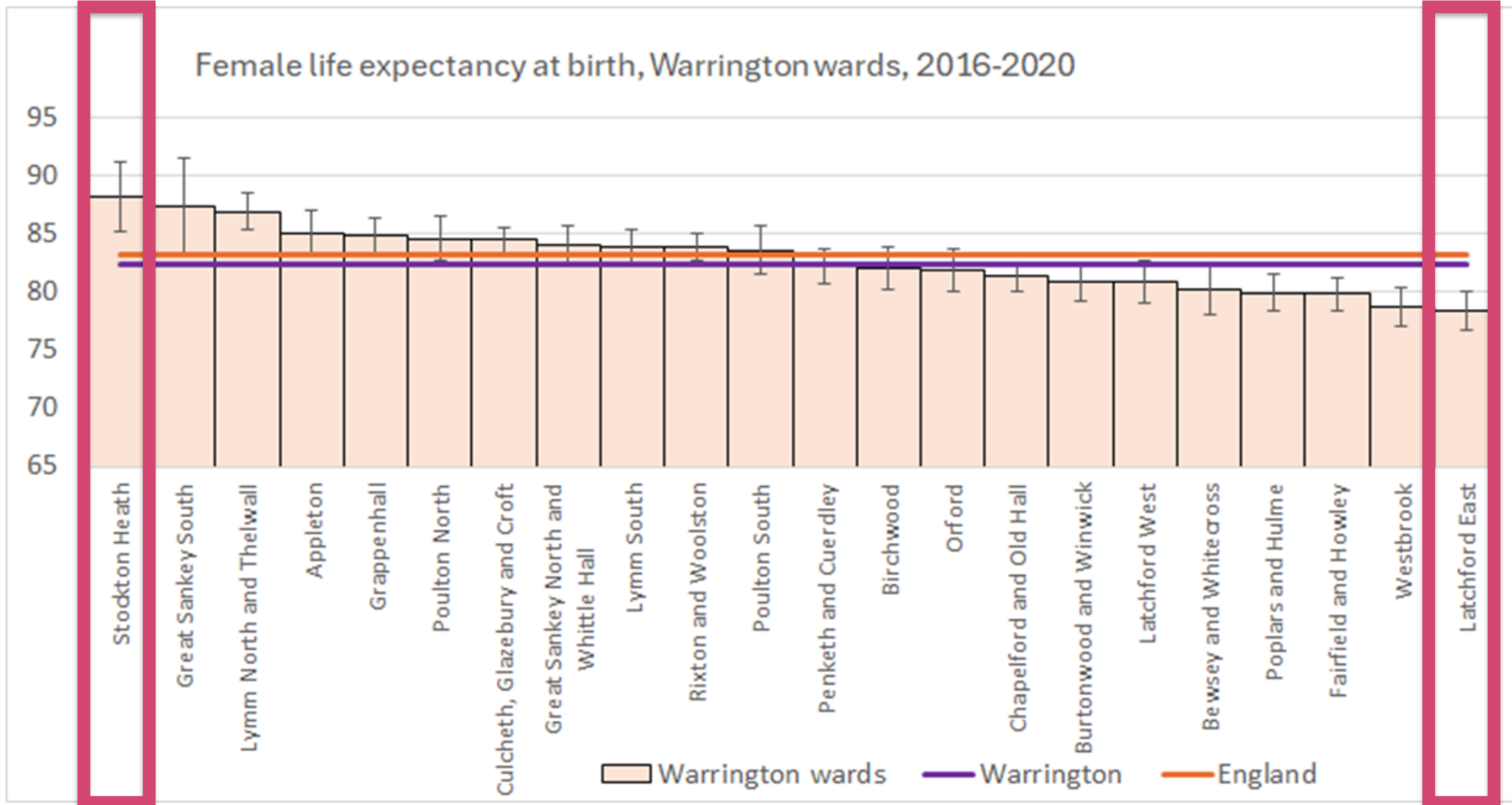
Older Adult Vulnerabilities

- Females aged 65-79 share similar mortality causes with males, Covid-19 remains the leading cause.

Elderly Cognitive Disorders

- Dementia and Alzheimer's are leading causes of death in women aged 80+, highlighting cognitive health needs.

Female Life Expectancy by Ward



Early Help and Prevention

Early Help vs. Prevention:

- While both aim to avert crisis, prevention actively stops problems from arising (e.g., community programs fostering resilience).
- Whereas early help provides timely support once issues first emerge to prevent escalation (e.g., tailored support for families facing initial challenges) – both are vital for comprehensive community well-being.

What is Prevention?

Prevention in public health is about keeping people healthy and avoiding the risk of poor health, illness, injury, and early death.

However, when people and organisations talk about prevention, they often use the same language to talk about different things.

This can be a barrier to investing in the full range of prevention needed to improve the health and wellbeing of the people of Warrington.

Why Focus on Prevention?

- Reduce demand
- Increase healthy life expectancy
- Reduce cost/savings across public service
- Drive improvement
- Happier, healthier communities



Primary prevention

Invest in the building blocks of health to stop problems happening in the first place.

Secondary prevention

Focusing on early detection of a problem to support early intervention and treatment or reducing the level of harm.

Tertiary prevention

Minimising the negative consequences (harm) of a health issue through careful management.

High

Impact on population health

Low

The Three Levels of Prevention



WARRINGTON
Borough Council

Where Can We Act?

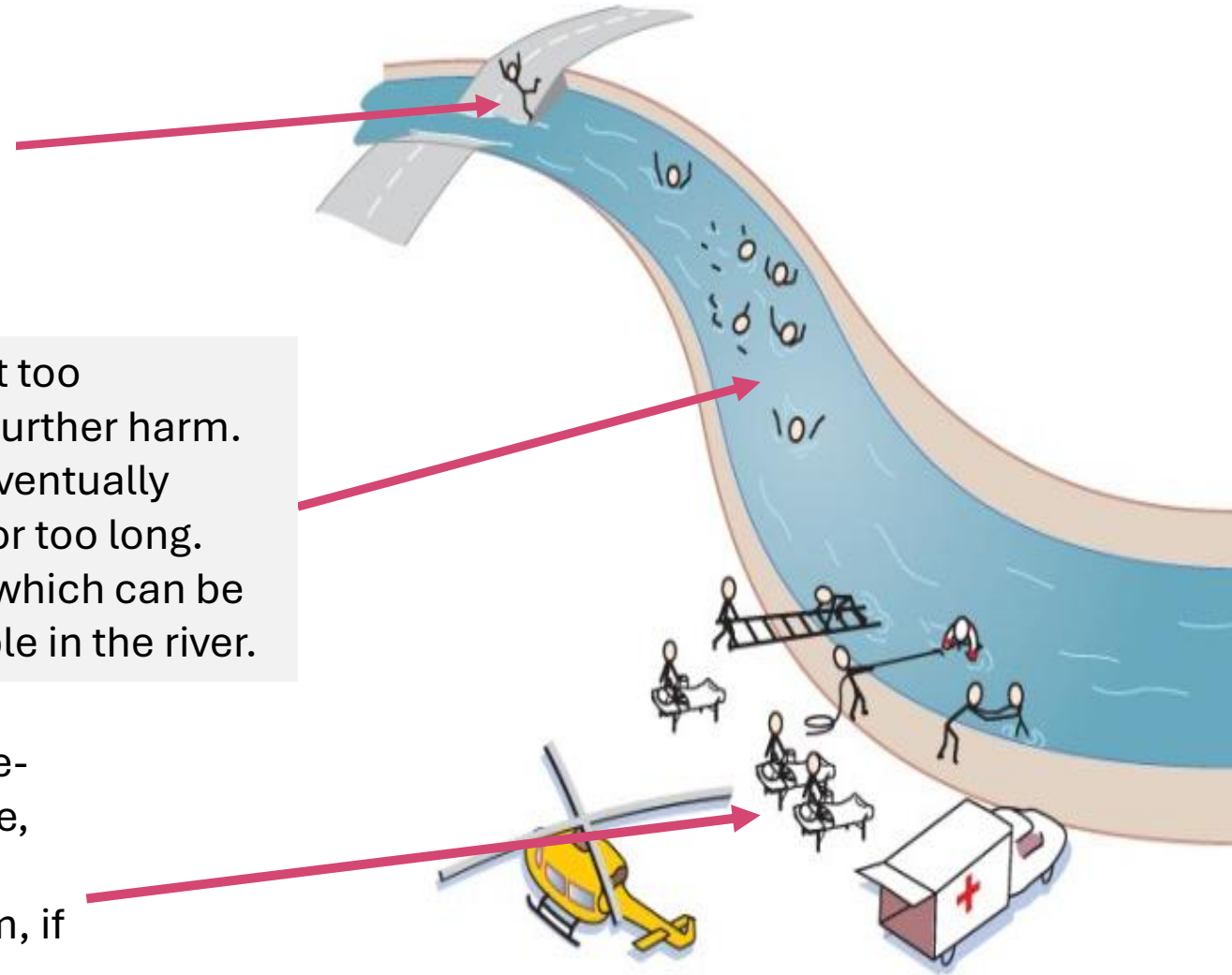
(a) An illustration of the 'downstream' approach of healthcare services in rescuing people who have fallen into the river, instead of moving 'upstream' to find out why people have fallen in

Warrington
VoluntaryAction

Primary: Repair and strengthen the bridge to stop people falling in in the first place! It doesn't mean no one will ever fall in the river, but it can go a long way to prevent a huge amount. **Cons:** can be a long and complex process and doesn't help the people already in the river.

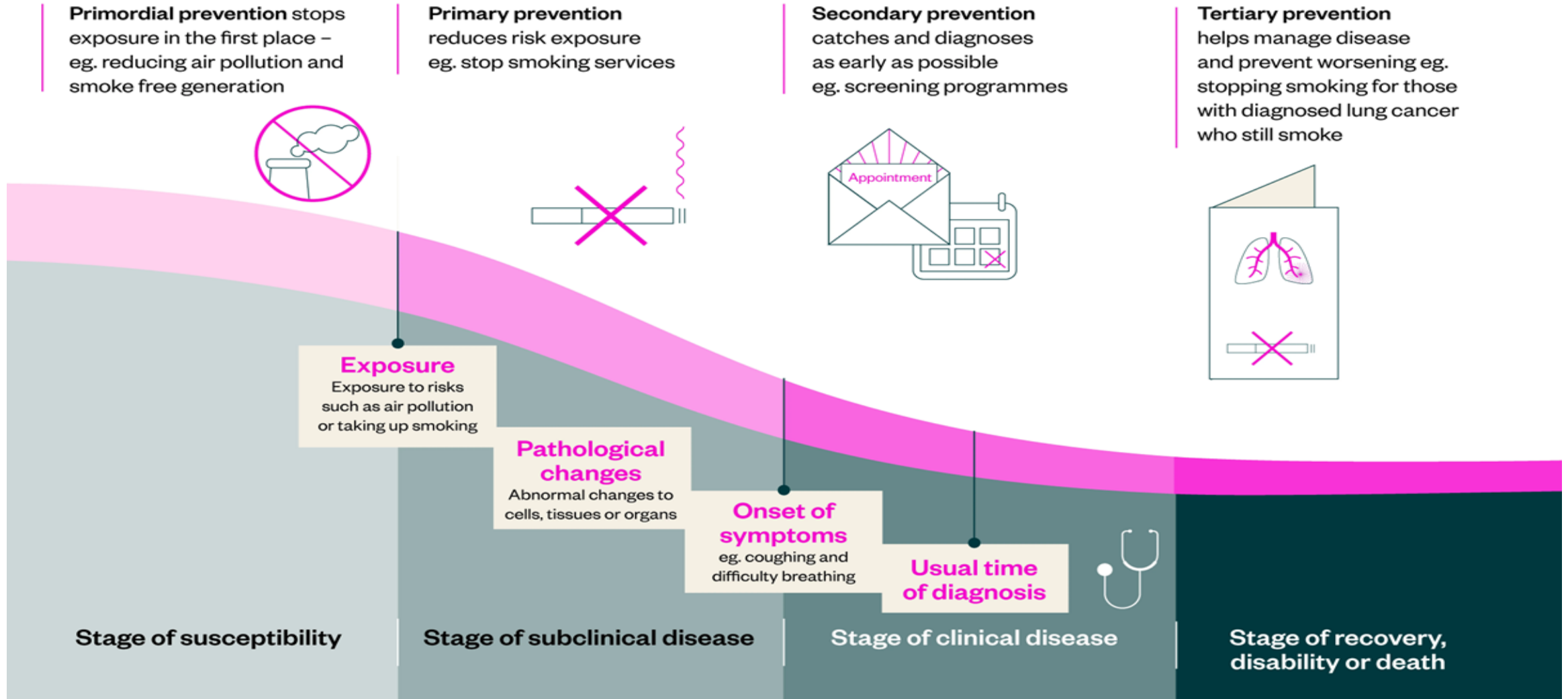
Secondary: People have fallen in the river but are likely not too unwell/injured yet. An important protective factor against further harm. **Cons:** Unless the bridge is repaired, demand will always eventually outstrip availability – therefore leaving people in the river for too long. Different people will also need different mid-stream help, which can be hard and costly to plan for if there is an overwhelm of people in the river.

Tertiary: Specialist/emergency intervention for those in life-threatening conditions. Condition is often dire by this stage, and complex specialist services are essential. **Cons:** The most expensive and least sustainable! And, like midstream, if major infrastructure (the bridge) is broken, demand for the services will always eventually outstrip availability.



WARRINGTON
Borough Council

This diagram gives examples of different types of prevention for lung disease



Levels of Prevention and Roles

Level of prevention and roles	NHS: primary care	NHS: secondary care	Local government	Wider government	VCSE sector
Primordial prevention: preventing the emergence of risk factors for disease	Social prescribing - eg. supporting people to access employment and housing support or debt counselling.	Working with local partners to improve air quality.	Rollout of congestion charges and low emission zones to reduce air pollution	Banning the sale of tobacco products Phase out ultra-processed food consumption Housing regulation	Community groups tackling loneliness
Primary prevention: prevent disease before it occurs	Vaccinations 'Making Every Contact Count' – conversations about health promotion	Making Every Contact Count	Smoking cessation programmes Weight management programmes Commissioning health visiting for new parents and babies	Measures to encourage healthier food consumption and tackle obesity	Provision of mental health training programmes Promoting health awareness through campaigns
Secondary prevention: detecting and intervening early in progression of health problems	Cancer screening Identification of people with high blood pressure or cholesterol	Tests for other diseases while receiving treatment within secondary care	Commissioning health visiting services for new parents and babies (primary or secondary) Promoting health checks	Mandating the NHS rollout of targeted screening for at-risk groups (eg, lung cancer screening for smokers and ex-smokers)	Offering information on how to prevent disease complications Provision of tests at community centres and faith-based venues
Tertiary prevention: managing and reducing the impact of existing health problems	Ongoing role in management of long-term conditions	Enabling people with diabetes to manage their condition independently and make lifestyle change Provision of physiotherapy and occupational therapy and rehabilitation following a stroke	Supporting community-based recovery programmes	Funding for specialised services and rehabilitation programmes for people with chronic conditions	Provision of long-term rehabilitation support and peer groups for stroke survivors Education programmes on long-term diabetes management

Summary



Early Help Focus

Early Help emphasises social care and wellbeing support before crises occur to prevent escalation.



Three Prevention Levels

Primary, secondary and tertiary prevention work together to avoid, detect, and manage health issues effectively.



VCFSE Sector Role

The VCFSE sector provides diverse services bridging Early Help and prevention to promote holistic health.

Closing Message



Community-led Health Initiatives

Community-led approaches empower local populations to build healthier futures through prevention and early help.

VCFSE Sector Contributions

The VCFSE sector offers flexible and innovative support tailored to diverse population needs.

Cross-sector Collaboration

Working together across sectors fosters a more equitable and effective health and care system.

Celebrating Achievements

Recognising the sector's success encourages ongoing commitment to wellbeing and collaboration.

A photograph of a group of people in a meeting room, viewed from behind. They are seated at tables, and a presentation screen is visible in the background. The entire image is overlaid with a semi-transparent pink filter. The word 'ANALYSIS' is centered in a large, bold, dark grey font.

ANALYSIS

We're part of the community, shaped by real experiences and local knowledge. People trust us because we listen, stay consistent, and focus on what matters most. We're flexible, easy to talk to, and work together to find the right support—putting people's needs before targets.

ENGAGEMENT

- 1. Co-Production**
- 2. Forums discussions**
- 3. Drop-in Consultations (in person)**
- 4. Limited and Selected group consultations**
- 5. Leading and Targeted questions**
- 6. Digital Surveys**

The sector wants to work more collaboratively, with honesty, shared values, and real community involvement. By listening to lived experience, breaking down silos, and recognising each other's strengths, we can build a stronger, more connected voice—one that's transparent, inclusive, and focused on what really matters to people.

**Make collaboration
part of everyone's role.**



THANK YOU!
YOUR PARTICIPATION IS APPRECIATED