

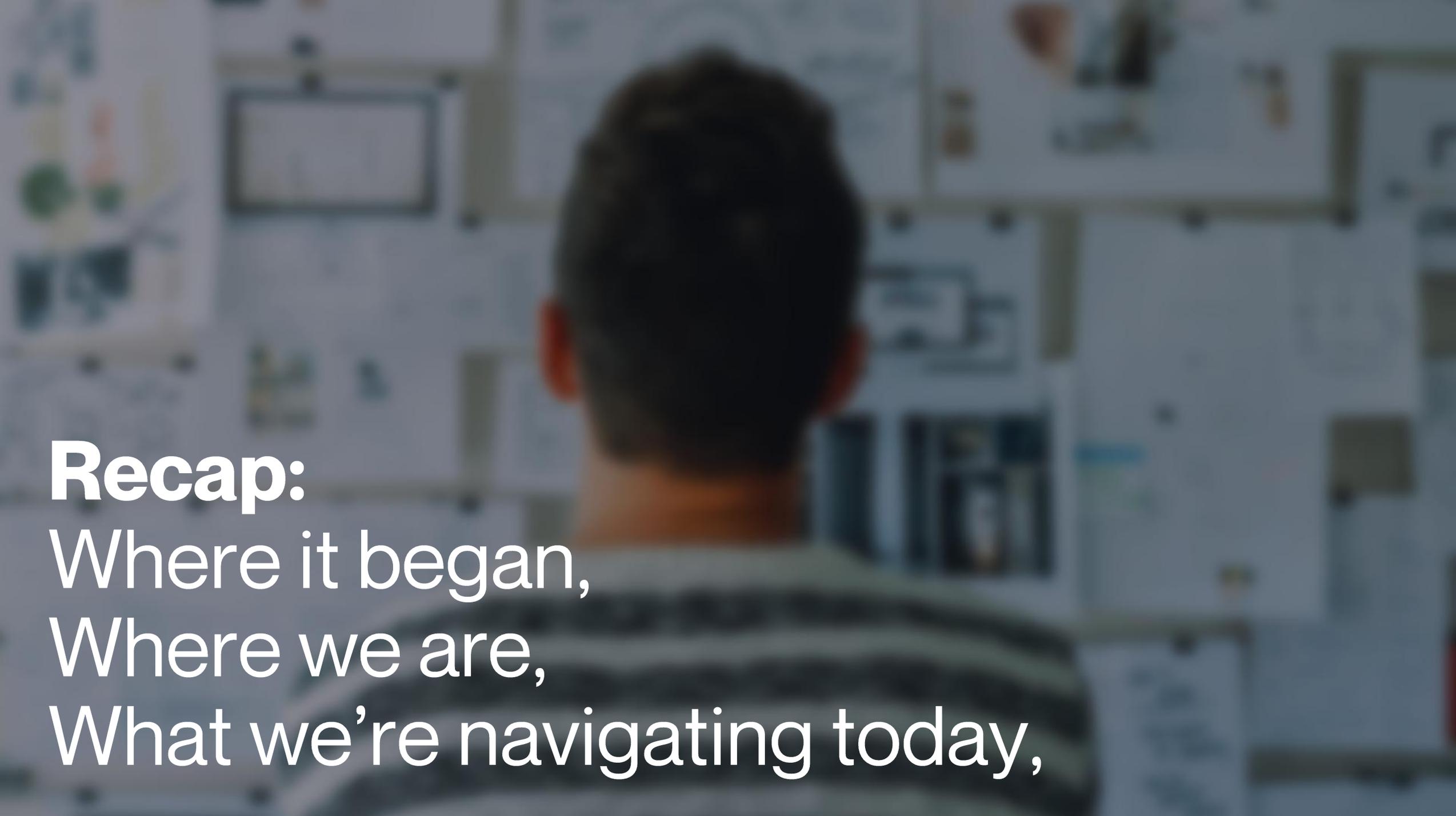
# Welcome to Warrington





# NEIGHBOURHOOD **HEALTH**

Mapping our **wellbeing**

A person is seen from behind, looking at a whiteboard. The whiteboard is covered with various diagrams, charts, and notes, though they are out of focus. The person has dark hair and is wearing a dark-colored shirt. The overall scene is dimly lit, with the whiteboard providing the main source of light.

## Recap:

Where it began,

Where we are,

What we're navigating today,

# NHS 10-year plan: three strategic shifts

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.

**Sickness to  
Prevention  
(Prevention)**

**Hospital to  
community  
(Partnerships)**

**Analogue to  
digital  
(Integration)**

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.

# The Model Neighbourhood in **Practice**

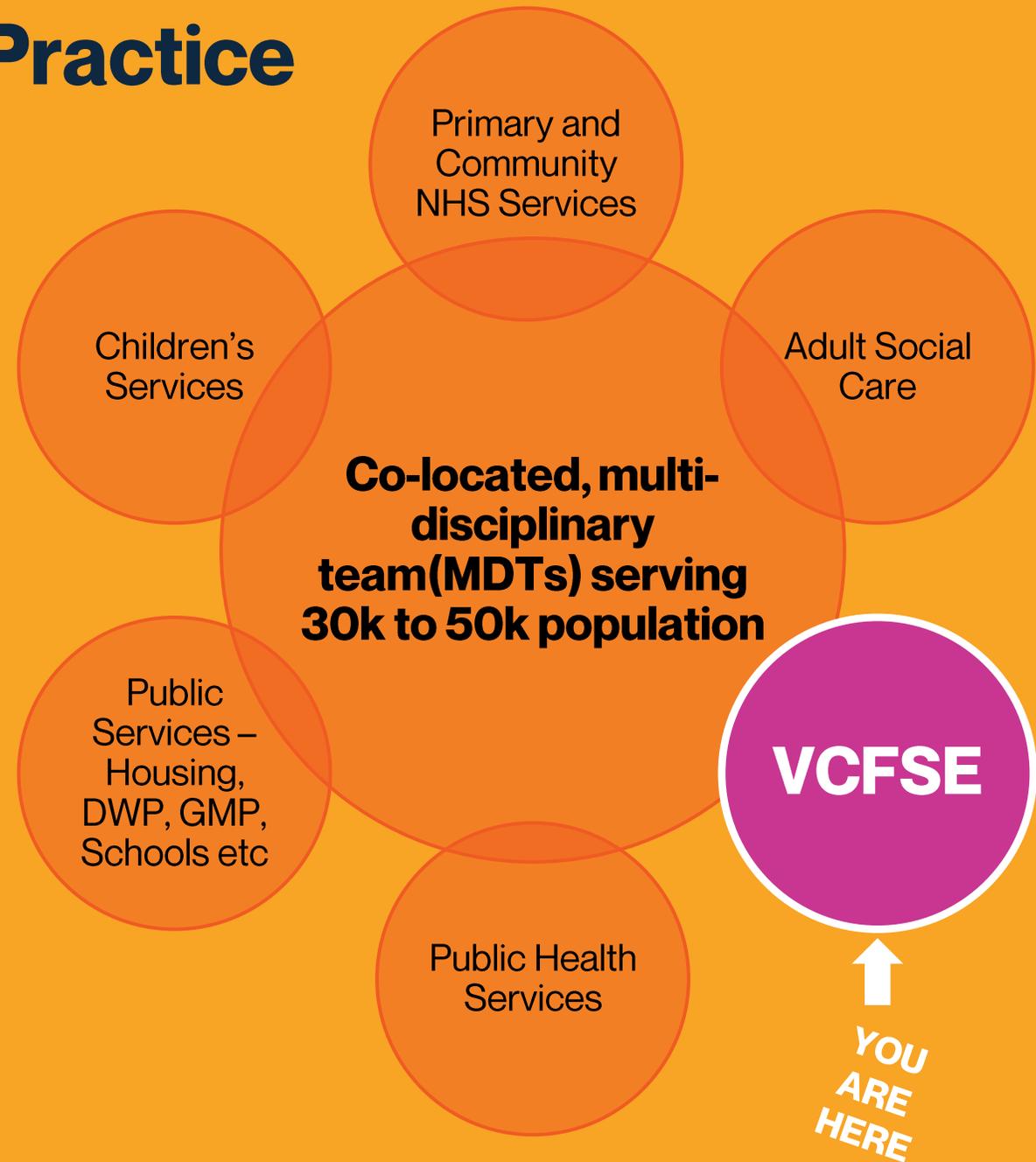
Full Live Well Prevention Offer –  
Primary, Secondary & Tertiary

Using full range of PHM tools

Asset Based and focused on  
Health Creation

Integrated Leadership  
Arrangements

Pooled Budgets



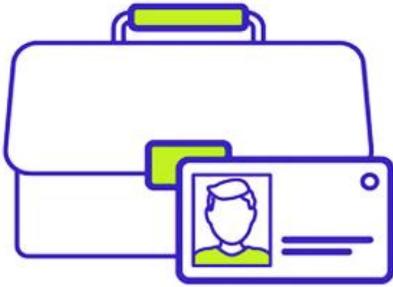
# WHO Definition of Health

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

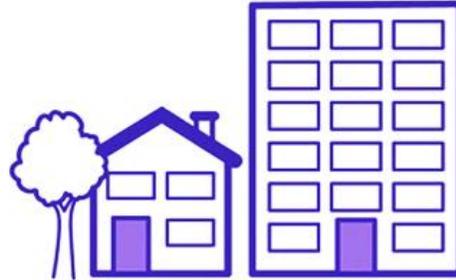
Constitution of the World Health Organisation, entered into force on 7th April 1948 and unchanged since.

# The Building Blocks to Health

**Employment**



**Housing**



**Education  
and skills**



**Childhood  
experiences**



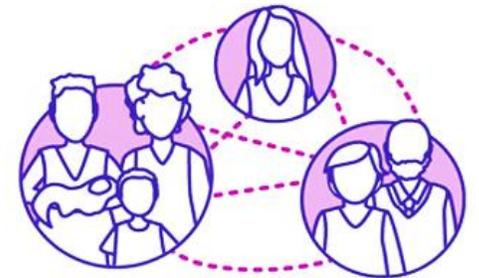
**Economic  
stability**



**Healthcare**

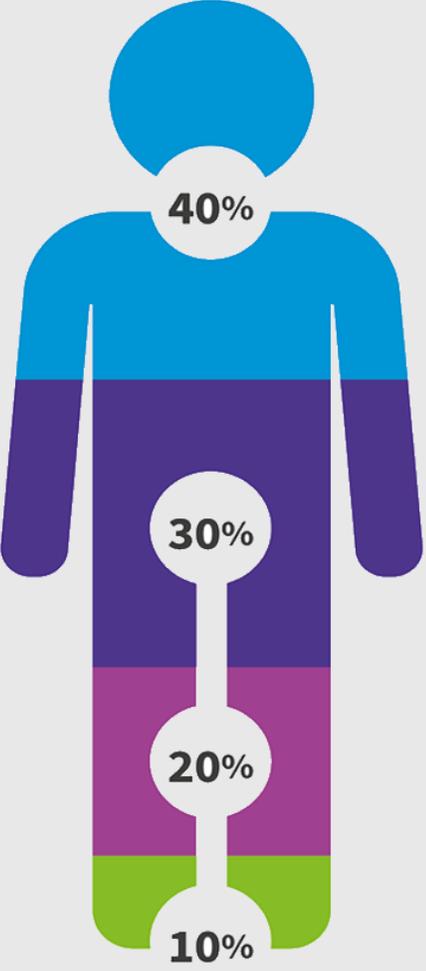


**Social and  
community**



# Estimates of the impact of the broader determinants of health

## What shapes our health



### Social and economic factors

- Tackling child poverty
- Scottish Child Payment
- Investment in quality early learning and childcare
- Whole family wellbeing and keeping the Promise
- Attainment challenge
- Community Wealth Building
- Cost of living measures
- Affordable and quality housing
- Employability support
- Create a wellbeing economy
- Embed equality and inclusive approaches

### Health behaviours

- Regulation of alcohol (e.g. Minimum Unit Pricing)
- Access to healthy foods
- Supporting active lives
- Regulation of tobacco
- Quality addiction services

### Health services

- Addressing current acute system pressures equitably
- Vaccines and immunisations
- Screening and diagnostics
- Fair access to quality health care
- Mental health services

### Physical environment

- Low Emission Zones
- Active travel investment
- National Planning Framework 4
- Achieve Net Zero

Adapted from The Kings Fund (<https://www.kingsfund.org.uk/publications/vision-population-health>)

# 'With'ism vs 'To'ism – Crisis of Voice

It is our opportunity to strengthen what is at the core of our sector

## Voice of the Community

How to encourage developing and shaping the health plans **with** our communities and neighbourhoods?

# VCFSE ( Sefton) VSNW– Neighbourhood Health

The neighbourhood health model shifts from a **deficit model** to an **asset-based approach** (“what support already exists locally?”)

**VCFSE is not an add-on.**

It is a core partner delivering health interventions and addressing the wider determinants of health.



## Recognize the VCFSE sector as a core partner

- Highlight sector’s economic and social value
- Achieve sustainable funding



## Embed VCFSE in integrated neighbourhood teams

- Move away from referral
- Adopt co-location, shared leadership, daily huddles



## Co-production and community voice

- Listen and respond to lived experience
- Use tools like Community insight tools, hackathons



## Use data and local insight

- Combine population health Management with VCFSE intelligence
- Share data info joint planning and evaluation



## Focus on prevention and early intervention

- VCFSE deliver preventative, community-based programmes



## Build on existing assets

- Leverage current VCFSE services, networks and social prescribing efforts



# New proposed **Neighborhoods**

No hard borders

It is a **starting** point for the next 10 years

To ensure access to resources

Not a proposed change to how people access services

**Warrington Together Partnership Board**

**Staying Well Board**

**Warrington Neighbourhood Oversight Group**

**East  
Neighbourhood**

**MDT1**

**MDT2**

**North  
Neighbourhood**

**MDT1**

**MDT2**

**West  
Neighbourhood**

**MDT1**

**MDT2**

**South  
Neighbourhood**

**MDT1**

**MDT2**

**Warrington Health and Wellbeing Board**

**Warrington Together Partnership Board**

**Staying Well Board**

**Warrington Neighbourhood Oversight Group**

**VCFSE Alliance /  
VCFSE System Group**

**East &  
VCFSE Rep**

**North &  
VCFSE Rep**

**West &  
VCFSE Rep**

**South &  
VCFSE Rep**

**MDT1**

**MDT2**

**MDT1**

**MDT2**

**MDT1**

**MDT2**

**MDT1**

**MDT2**



# Mapping the Assets

Neighbourhood health and hyper-local MDTs succeed only when the full **ecosystem of support is visible**.

VCFSE provision at the neighbourhood level — ideally to streets or estates — is one of the layers of enabling **targeted, timely, and equitable interventions**.

Strengthens partnerships, reduces duplication, and **improves population health** outcomes.



# THE MAIN EVENT

# ASSET MAPPING

1. Start with your **own** organisation and write in the relevant box the outcome/difference/determinant that you help people meet.
2. Then across the whole map, add services that you **know** meet these determinants. They may not realise they do this.
3. Do not waffle, get to the point.
4. Contact colleagues if you need to.



# POPULATION BEHAVIOUR

Start with your **own** neighbourhood and if you can, make brief comments on the following questions.

- Where do people go for help **when they are struggling?**
- Where are **people supporting each other** already?
- Which assets are **fragile?**



# GAPS & UNSUPPORTED COMMUNITIES

Wherever you feel is relevant to add, go across Warrington and list gaps you **know** of.

**Geographic** – nothing in that neighbourhood

**Population** – older men, diverse communities, carers

**System** – referral barriers, exclusion, waiting times



# ANALYSIS

Work your way across Warrington, read what others have written, add **constructive comments or additional information** you may have thought of.

**If you agree with something or feel it's accurate, add a beside it.**

Please don't argue with or contradict other points. Everyone has their own truth. This is a starting point.





**WHERE  
NEXT?**

