

Neighbourhood summit

21 October 2025



Agenda

| | | |
|---------------|---|--|
| 9:30 – 9:45 | Introductions, agenda & setting the scene | Nicki Doherty, Director of Place and Partnerships DDICB |
| 9:45 – 10:05 | Neighbourhood working is hard: What have we learned? | Ian Lawrence, Clinical Director for integration Chief Clinical Information Officer Derbyshire Community Health Services Foundation Trust (DCHS) |
| 10:05 – 11:00 | Perspectives on Neighbourhood working; what does it mean for me? GP LA VCFSE Hospitals Community (Healthwatch) | Andy Mott, Medical Director, <u>Derbyshire GP Provider Board</u> Robyn Dewis, Director of Public Health – Derby City Wynne Garnett James Woodard Helen Henderson, Chief Executive – Healthwatch Derbyshire |
| 11:00 – 11:10 | Break | |
| 11:10 – 11:35 | Governance Framework For Neighbourhoods • GGI | Andrew Corbett-Nolan from GGI |
| 11:35 – 12:00 | Organisational Development | Tracy Gilbert, OD Consultant Joined Up Care Derbyshire Susie Bayley, Medical Director, The Hub Plus, Derbyshire |
| 12:00 – 12:25 | Panel Q&A | All speakers plus Jim Austin, Chief Executive DCHS & Penny Blackwell GP Partner and Chair and Clinical Director for Neighbourhood Health and Care in D&D |
| 12: 25 | Closing remarks | Ian Lawrence |

Introductions

Ask the panel...

Submit your questions ahead of the Q&A via Slido using the QR code



Neighbourhood working – what have we learned

A personal view drawn from:

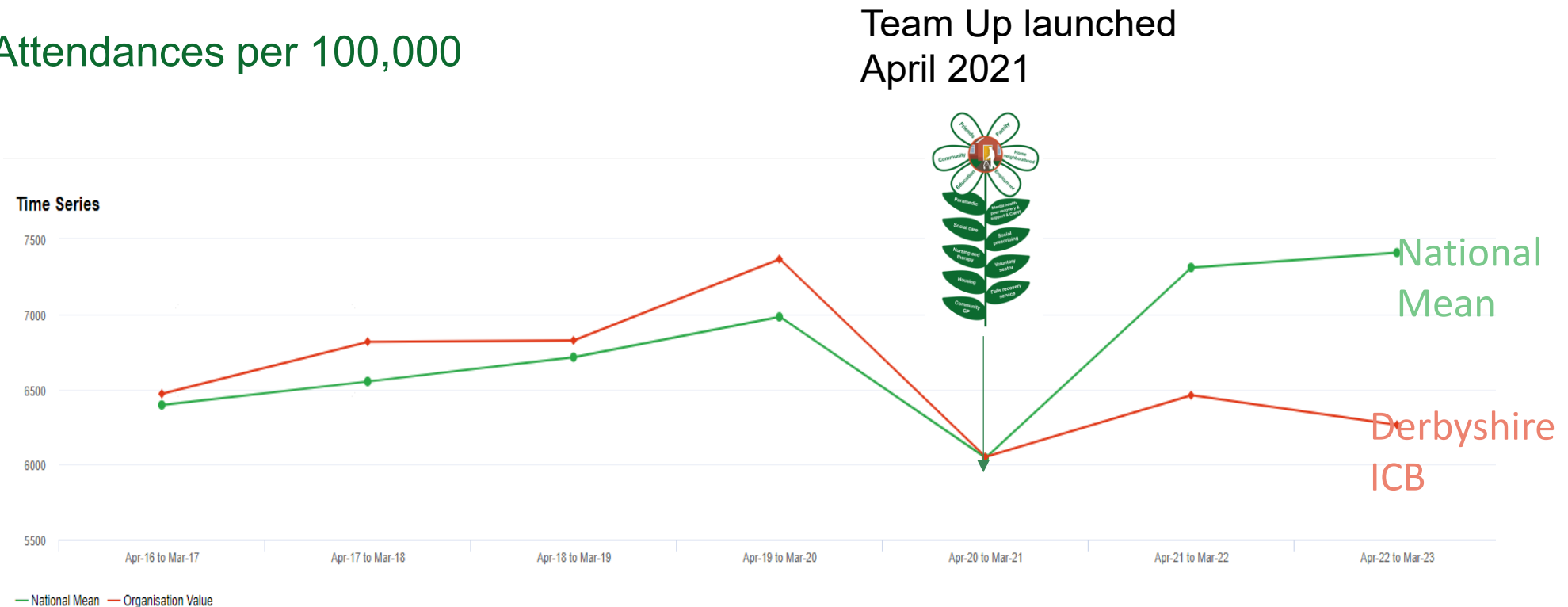
- National work & policy
- Neighbourhood summit
- Experience from Team Up
- Lots & lots & lots of conversations...



Neighbourhood working – what have we learned

In summary - it is possible to make real meaningful change...

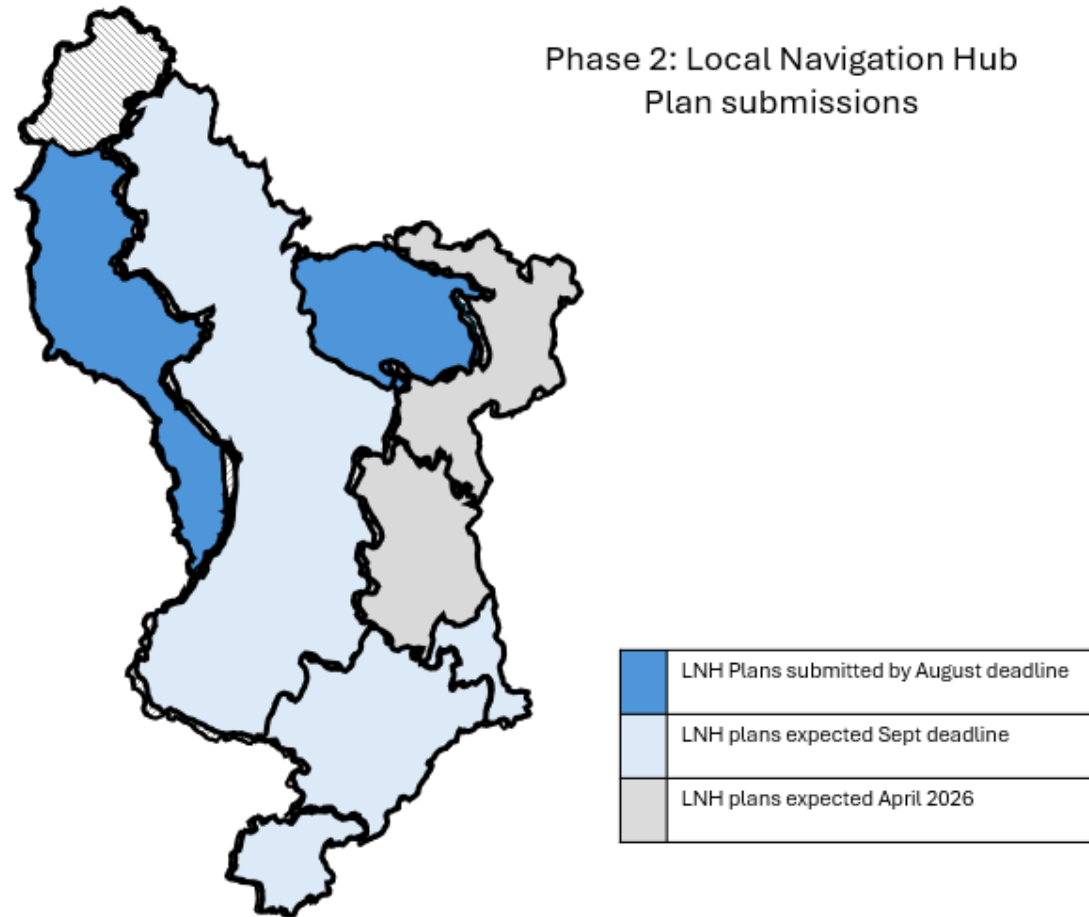
Over 65 years, ED Attendances per 100,000 Population



Source: NHS Benchmarking Network

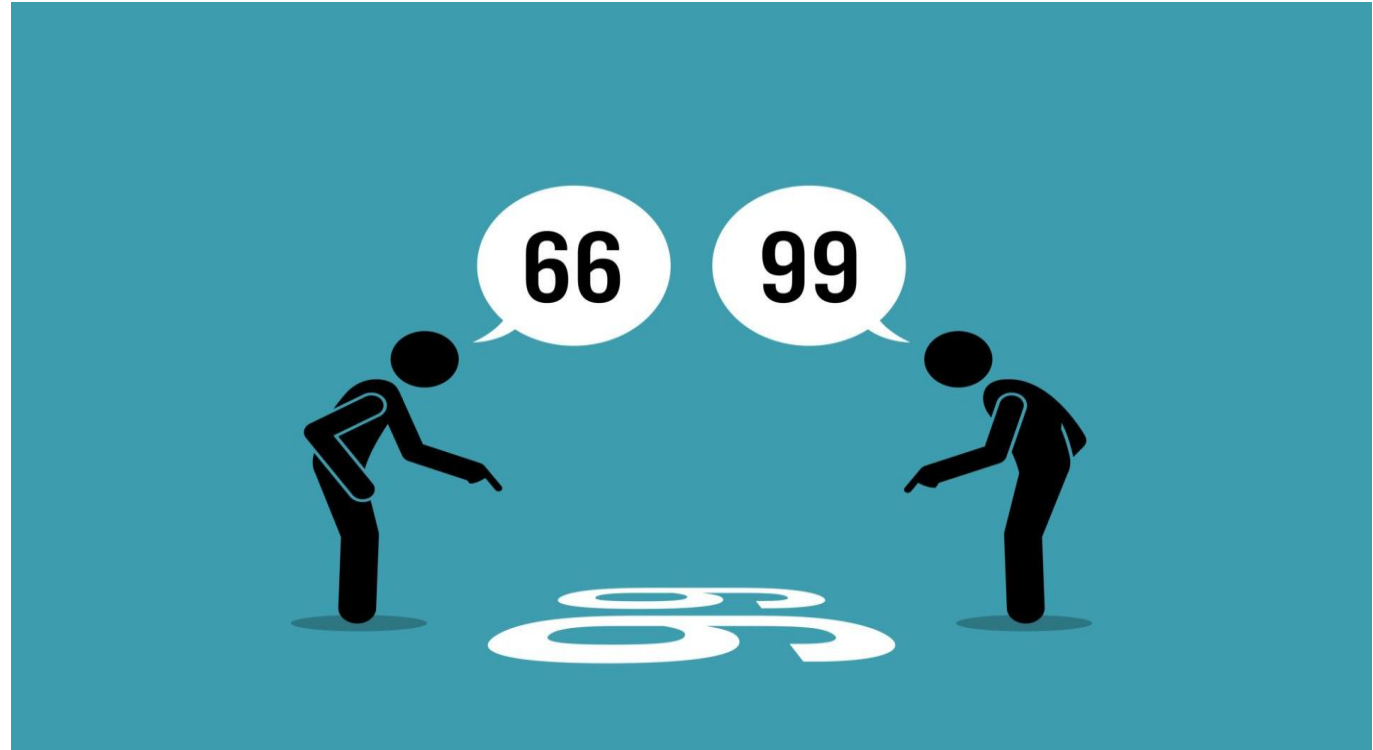
Neighbourhood working – what have we learned

...but it is hard, painstaking work & there are no shortcuts.



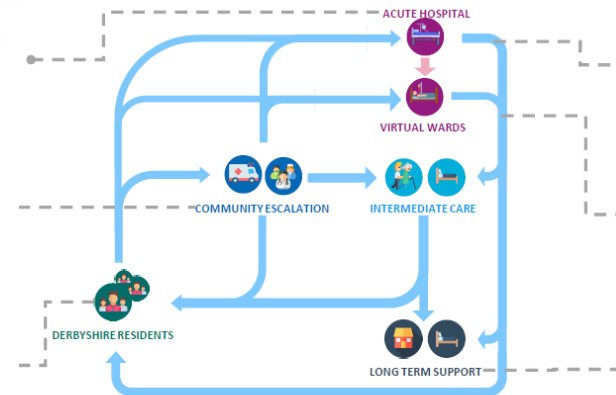
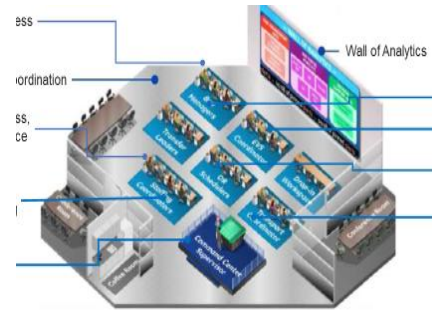
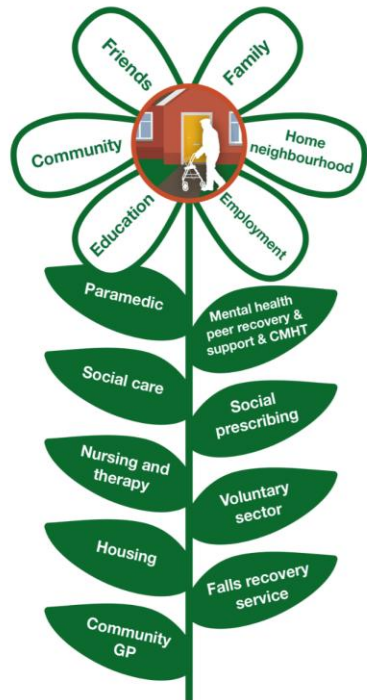
Neighbourhood working – what have we learned

- Everyone thinks it is a good idea.
- But there is little consensus why.



Neighbourhood working – what have we learned

Lots of people are doing it – but often not together



These silos meet in the neighbourhood

LIVING WELL

Neighbourhood working – what have we learned

It means tackling things that have been on the 'too hard' pile for too long.

- Working with General Practice
- Co-production
- Sorting the IT & Data
- Distributing power
- Giving everyone an equal voice / having humility
- Holding each other to account



Neighbourhood working – what have we learned

It holds a mirror up

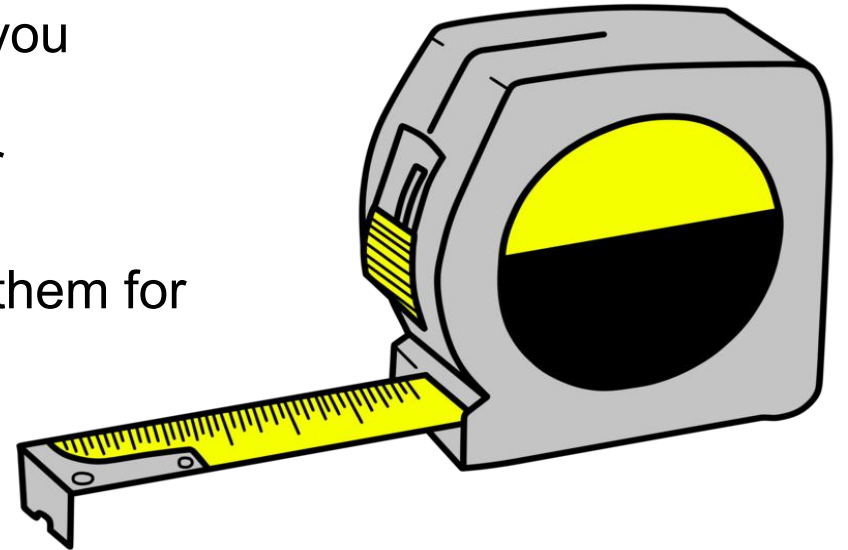


- Complexity
- Differing drivers
- Perverse incentives
- Strained relationships

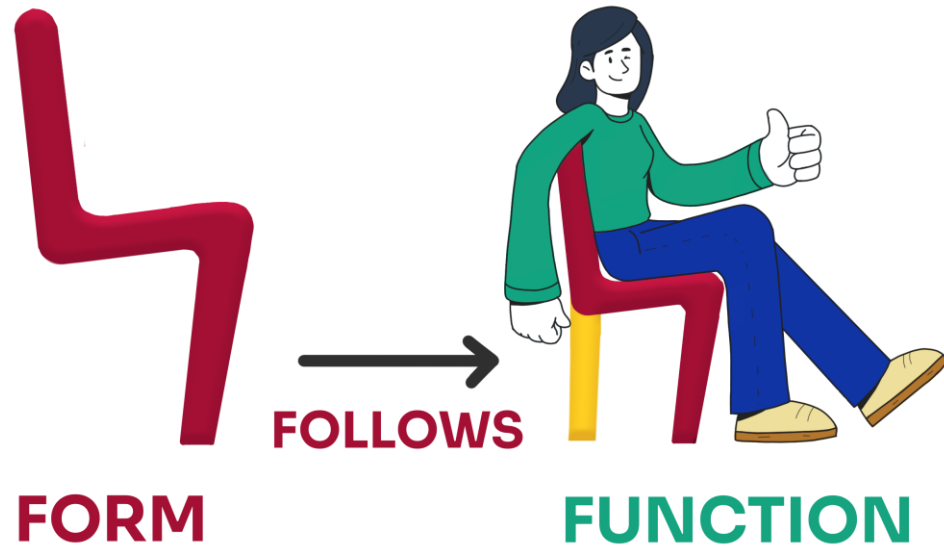
Neighbourhood working – what have we learned

Measuring value is not straight forward

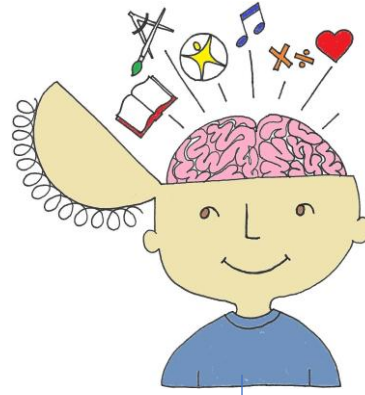
- Disconnected data systems
- Manual systems
- Value and/or waste in human interactions is hard to capture
- Conflation of efficiency & 'cash out'
 - 'Cash out' is usually a decision - which is easier to make if you have paid attention to efficiency
 - If you look after the pennies (minutes) the pounds look after themselves
 - We don't generally measure people's minutes & often take them for granted



Neighbourhood working – what have we learned



- It's easy to get lost in form
- But you can only get so far on function alone
 - You get stuck
 - You become exposed to risk
 - Changes do not become business as usual
 - If you're not business as usual your focus is on survival rather than the work at hand.
 - You feel psychologically unsafe



Intrinsic motivation

- **A sense of purpose**
- **Mastery**
- **Autonomy**

Psychological Safety

- **Trust**
- **Consistency**
 - Over time
 - Between what we say & what we do
- **Camaraderie**
 - Someone has got your back

Integrated Health Organisations, GP Neighbourhood contracts, Shared Budgets (s75)

Form

Finance & contracting

Digital & Data

Workforce

Clinical governance

Learning networks, risk holding/psychological safety, power dynamics

**Integrated
Neighbourhood
Working**

People & services work
effectively together

“Shifts”

Hospital to
Community

Treatment to
prevention

**Community
involvement**

People are involved in the
design & running of local

services
Local services are involved
in the communities they
serve

Purpose

Function

Access,
Navigation,
Coordination &
Planning

Systematic, holistic,
data informed proactive
& preventative
interventions

Community Hubs
Spaces for people to
come together and
access support

Neighbourhood working – what have we learned

- Everyone thinks it is a good idea.
- But there is little consensus on why.

People's reasons for being involved with Neighbourhood working change with their perspective.





What are your hopes and fears for neighbourhood working and why do you think we should be doing it?

Perspective on Neighbourhood working – what does it mean for me?

Presentations by

- Andy Mott
- Robyn Dewis
- Wynne Garnett
- James Woodard
- Helen Henderson

Neighbourhood: a GP perspective

Dr Andrew Mott

- GP Partner/Trainer, [Jessop Medical Practice](#)
- Medical Director, [Derbyshire GP Provider Board](#)
- ICB Board Member (Primary Care Partner member), [Derby & Derbyshire ICB](#)

The patient we all know

- Meet “Mrs. Jones”
- 82 years old, lives alone.
- Multiple conditions: Diabetes, COPD, Arthritis.
- Frequent GP appointments & A&E visits.
- Underlying issue: Chronic loneliness.



The Old Model: The GP as a Silo

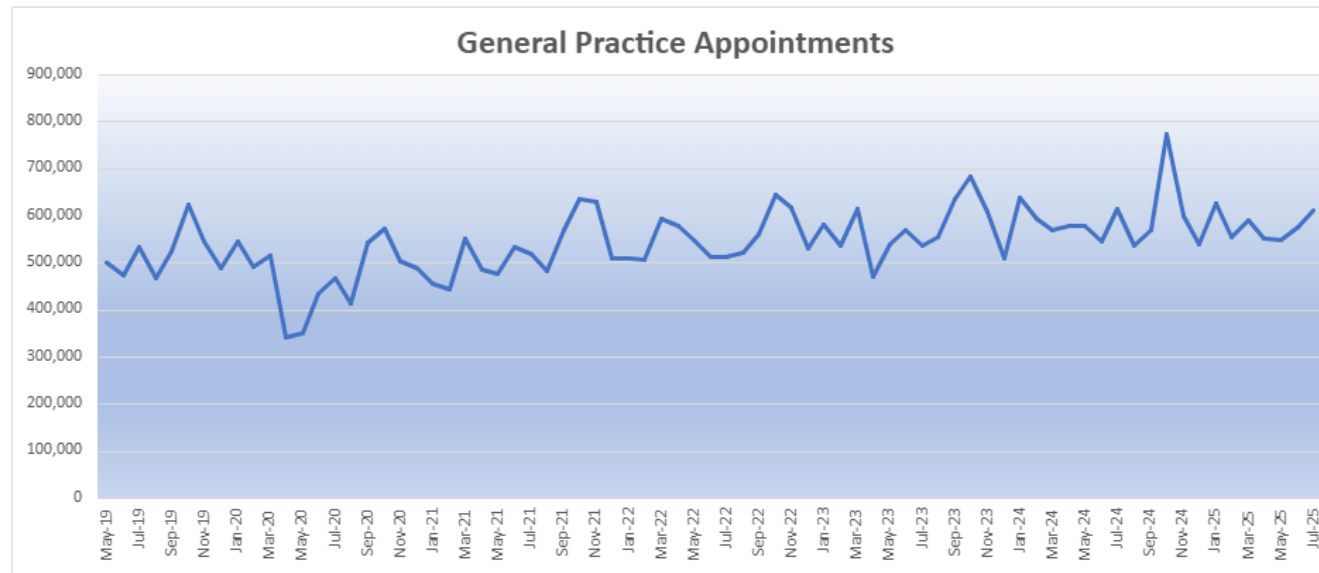


A New(ish) Philosophy: What Neighbourhood working means to me



General Practice context

- Access
- Demand higher than capacity, and growing
- Workforce
- PCNs
- TeamUp
- GPPB



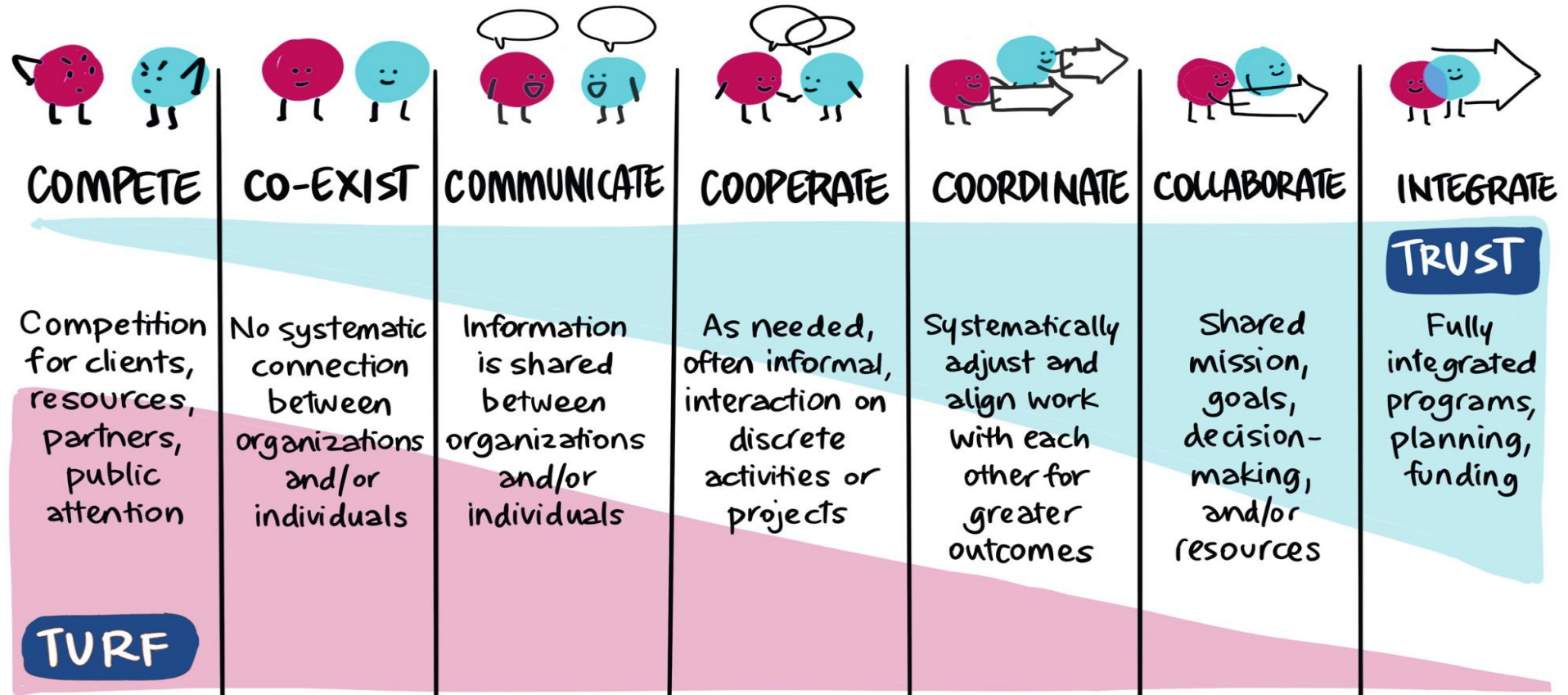
The hurdles we still face

- **Culture:** Shifting from organisational priorities to a shared 'neighbourhood' purpose takes time and mutual understanding
- **Resources:** Every part of the system is stretched. Left shift?
- **Enablers:** Data, Digital, Estates etc
- **Inequalities:** actual progress?
- **Public involvement:** new relationship with public sector

The future: hope?

- Neighbourhood working is not another initiative.
- It includes the sustainable future of General Practice.
- It's about reviving General Practice as a central part of treating the whole person, in their community, with a team.
- The medical model remains important, but population health and individual wellbeing is far, far broader.

THE COLLABORATION SPECTRUM



Adapted from the Tamarack Institute

Frameworks Collection by finegood@sfu.ca | Illustrated by sam@drawingchange.com | © CC BY-NC-ND

Neighbourhood working: the view from one Local Authority

Dr Robyn Dewis
Director of Public Health
Derby City



What is a neighbourhood to me?

- We need to acknowledge that definitions and purposes of defining neighbourhoods varies:
 - Geographical area
 - Social community
 - Shared Identity- or perhaps diversity
 - Shared demographic characteristics- or perhaps diversity
 - Location of services and amenities
- For Derby:
 - Neighbourhoods tend to be ward based and have political representation
 - Clustered into localities
 - About service delivery but also democratic and population engagement



Key aspects key to neighbourhood working

- Neighbourhood led not neighbourhood based
- Considering what communities need, and not what services wish to deliver
- With – building on a strengths-based approach, not ‘done to’
- Designing a response around where people live
- Working together- statutory and voluntary services and people
- Collaboration- developing shared knowledge, understanding and language to improve outcomes
- Health and Wellbeing is a part of neighbourhood work, but may not be the most important thing to many members of the neighbourhood

EMCCA Inclusive Growth Commission

- Neighbourhoods can support in developing an opportunity escalator from each locality- promoting adult learning, skills and employment
- Tackling barriers such as poor transport, lack of childcare, health challenges, and insecure housing that prevent people from entering work.
 - Joined up commissioning on preventative healthcare, focussed on reducing economic and health disparities
 - Use of co-location of services to reach people better
 - Placing social capital building at the heart of the approach

Neighbourhood working is already here

- In Derby there are 6 Localities: each locality is a collection of neighbourhoods
- Each neighbourhood has its own plan which has been developed by the Council Neighbourhoods Team (Neighbourhood Management + Local Area Co-ordination) with partners and residents
- Prioritises prevention, inclusion and resilience across themes such as: health and wellbeing, community safety, community engagement and community development, public realm, housing... with specific actions which are unique to each locality, along with cross cutting themes.
- Working together to find practical solutions to life's challenges, build on people's strengths and help them to achieve their goals
- Opportunity to build systems at locality level drawing in colleagues and partners
- The intention being a shift from service of silo to service of place-integrated multiagency delivery

Families First - Children and Young People

- The Department for Education published the Families First Partnership Programme reforms, in March 2025
- The reforms are focused on re-shaping how we work together, in a place-based way, to ensure that every family can access the right help and support when they need it, with a strong emphasis on early intervention to prevent crisis
- A shift in culture to 'family first', focusing on family and community networks, reducing the need for later statutory interventions
- Strong features of the reforms are co-production and working alongside families and communities
- Early Years settings and schools are key partners in our neighbourhoods
- Educational settings provide an opportunity to wrap services around children and families – to enable children to thrive and succeed

Anxieties

- There may not be a shared understanding of neighbourhood nor a shared purpose
- The NHS are leading a national programme, this could change
- We need to ensure we build on what is already there, not reinvent
- A national focus on treatment and demand, not on outcomes for people
- This is not all about services- it should focus on what matters to people
- We may have different drivers which do not align:
 - Improving health and reducing health inequalities
 - Reducing demand
 - Improving 'satisfaction' for local people

Opportunities from my perspective

- Visible and accessible local support and services- building trust and relationships, keeping connections
- To engage people in what matters most to them, harnessing their motivation to change
- Strengthening preventative actions across pathways and embedding early intervention
- Targeting local support to reduce inequalities
- Broadening ownership and improved engagement in delivery of the Health and Wellbeing Strategies – and linking to the Neighbourhood Health Strategies...
- Pivot local investment around common aims, adding value to existing work e.g. Sport England Place Expansion Award
- Work smarter with local partners, reducing duplication and improving our effectiveness

A VCFSE perspective on the Neighbourhood model

Wynne Garnett

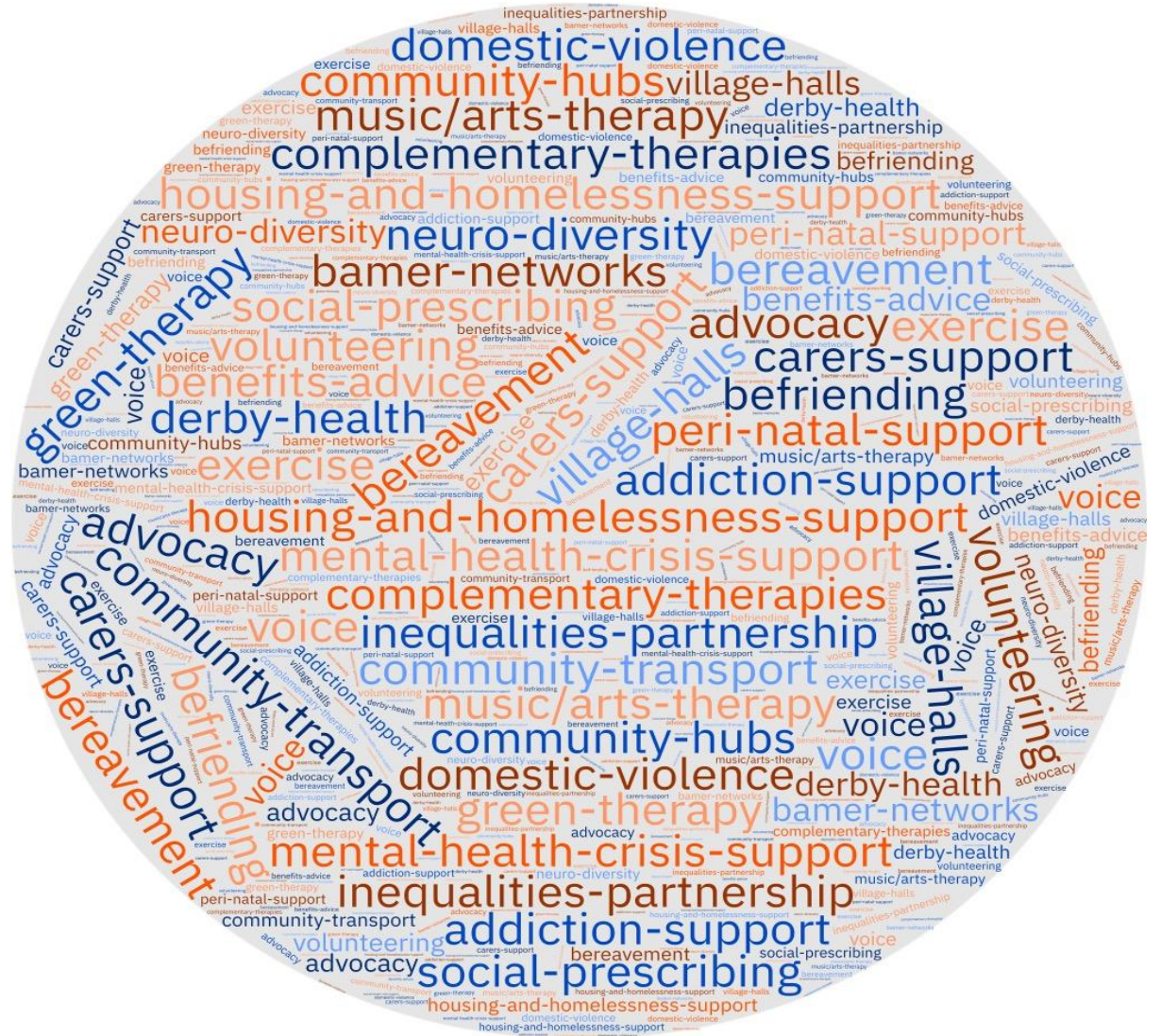
Broad summary of where we are

- NHS 10 Year Plan pretty thin on the engagement of the VCFSE sector
- In Derby/Derbyshire, we've made progress with neighbourhood working, particularly with joining up statutory provision
- Some good practice but not made the most of what the VCFSE sector can bring
- Context of change, cuts and service pressures making it difficult to be proactive

1. Provides complementary services
2. Engages local communities and communities of shared interest and condition
3. Addresses Health Inequalities

5000 groups in the County
alone. 70% volunteer only

Demonstrated value in pandemic



Thoughts

- If we want holistic, community-driven, preventative approaches, we need models that are not just designed around the NHS and statutory sector. This needs reflecting in governance.
- Partnership moves at the speed of trust. We need to take time to build mature partnerships and systemic relationships where we recognise our contributions, anxieties and aspirations
- We need to address culture. Recognise power imbalances, different risk levels, provide space for honest debate and process for dispute management. Working differently won't just happen. (MoU)
- We need to invest in our existing diverse local VCFSE sector to build resilient communities that provide a voice, complementary services and release potential through volunteering. Commissioning approaches haven't taken us in that direction
- We should reward and share co-design and collaborative approaches across (and within sectors). We should involve VCFSE input at the outset and take discussions out into communities. Partnership not paternalism.

Thoughts

- We need to develop easier ways for people to access and refer to VCFSE services
- We need to invest in capacity to engage the VCFSE sector. We already have existing assets in local VCFSE infrastructure organisations
- We need to remove barriers such as data sharing
- We need to be a learning system where we can build on what works and scale up good practice
- We need to have success measurements. Has more funding been invested in the VCFSE sector? Have plans and services changed as a result of VCFSE involvement? Is this approach reducing later interventions?

Great opportunity but we have yet to make the most of what we bring.

What do we need to do differently to make partnership work?

“When the winds of change blow, some people build walls and others build windmills”

Healthwatch Derbyshire

Helen Henderson

Chief Executive

Healthwatch Derbyshire

Hopes and fears – people and communities

- Encouraged by the words and potential.
- Will it feel different.. and achieve something different?
- Actions will speak louder than words...



Key enablers

Start somewhere else...

- Create the **space** for conversations
- Create a **mechanism** for doing something in response
- Being **brave**
- Define, test and then embed the mechanics.
- **Process** for turning feedback into insight, and the bravery and permission to turn this into action.

Impact

- What do we change now?
 - Positive actions will speak loudest
 - Change the narrative
-
- Way deeper than doing what we have always done, but communicating it in a better way...

Neighbourhood: What does it mean for Acute trusts?

Dr James Woodward

Consultant Geriatrician & Medical Director for Derby

University Hospitals of Derby and Burton NHS Foundation Trust

Reasons people stayed in hospital this week...

- “Needed” a SALT assessment
- “Needed” a Dietician assessment
- “Needed” a Mental Health assessment
- “Needed” a Therapy assessment
- “Needed” an MCA
- “Needed” some equipment delivering

Functional, physical or mental decline over days or weeks

These are not emergency cases

Hopes

Left Shift

- Hospital Level care closer to home
 - Must replace true hospital care – not unmet need
- Reduce bed and outpatient demand
- Improve patient outcomes and experience
- Fewer Barriers
 - Joined up care
- Access
 - Consistent offer
 - Easy point of entry

Fears

- Diverts essential resource
- Bed demand remains unchanged
 - We can't build any more wards/beds
- Financial shift
 - Without demand shift
- Failure to deliver

Break

Don't forget to complete the Slido questions, scan the QR code on your phone.

Ask the panel...

**Submit your Q&A questions
here**



Neighbourhood alliance support programme: governance thinking

Professor Andrew Corbett-Nolan, Chief Executive, GGI
Maurizio Cuttin, Junior Consultant, GGI

Neighbourhoods in the 10 Year Health Plan



Key shifts (NHS England, July 2025):

- From hospital to community care
- From analogue to digital
- From sickness to prevention

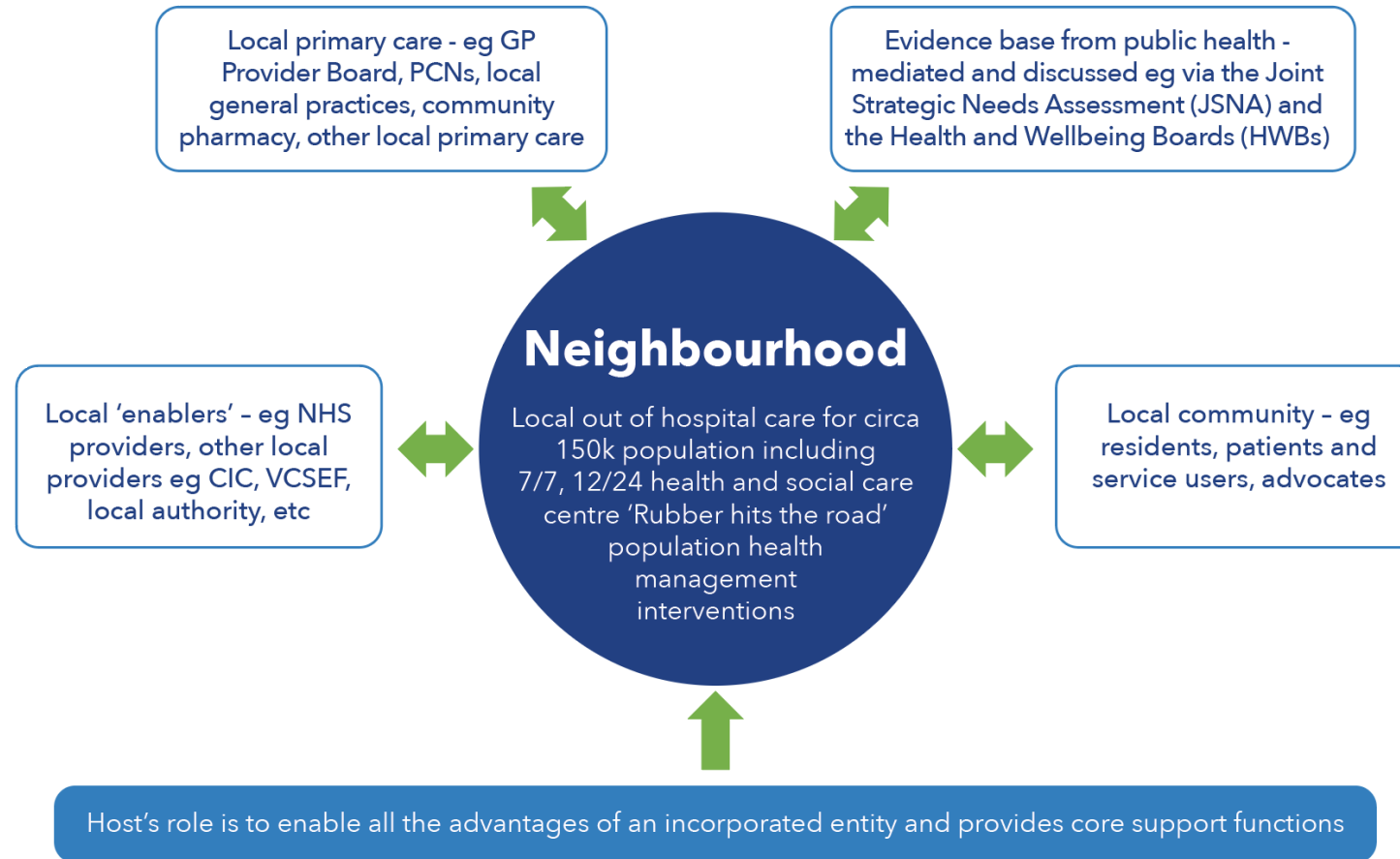
Neighbourhood health service goals:

- Patient-centred, multidisciplinary teams in Neighbourhood Health Centres (NHCs)
- End care fragmentation with integrated services
- Empower neighbourhoods to influence health budgets and prioritise prevention
- Use data (e.g. NHS Federated Data Platform) for population health management
- Neighbourhoods are going to coordinate providers via commissioning

Aim:

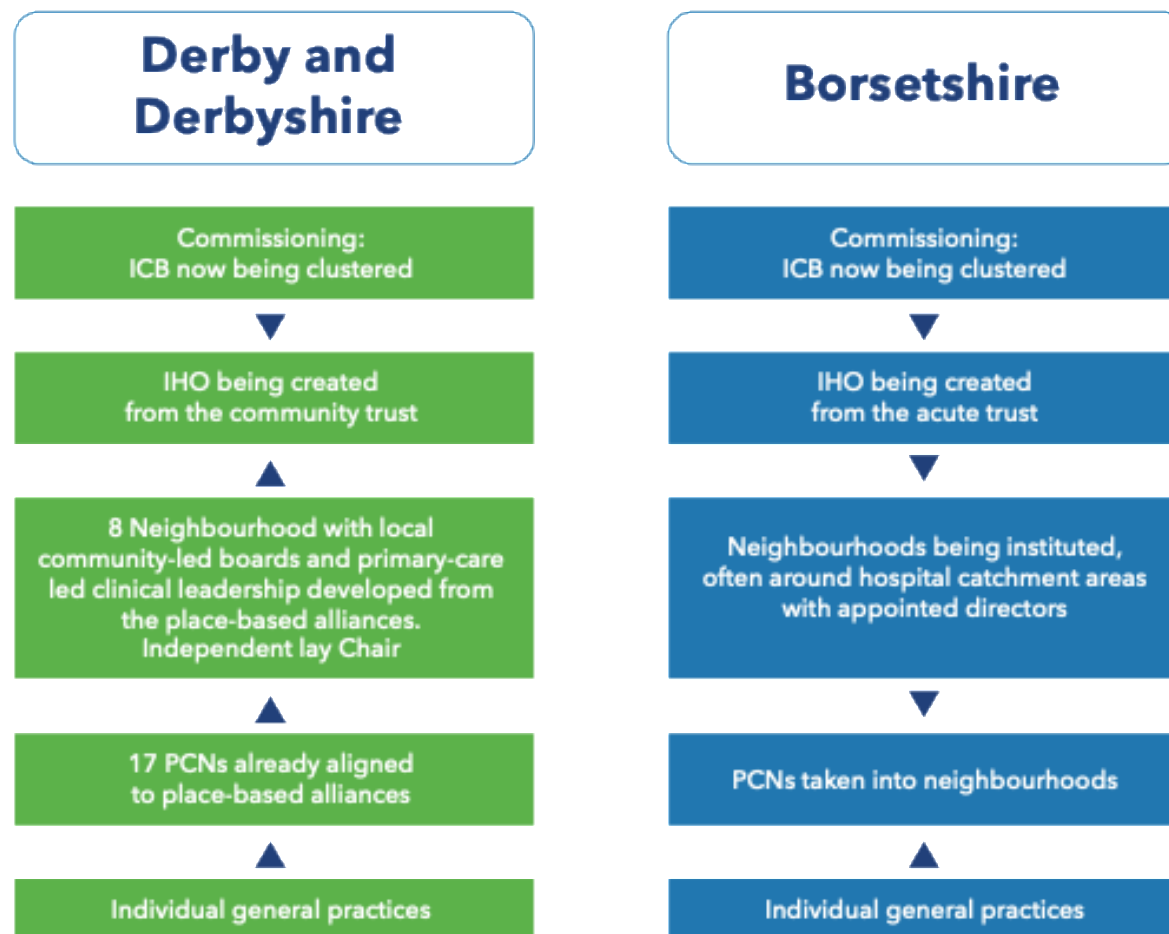
- “Digitally by default, in a patient’s home if possible, in a neighbourhood health centre when needed, in a hospital if necessary.”

What is a neighbourhood?

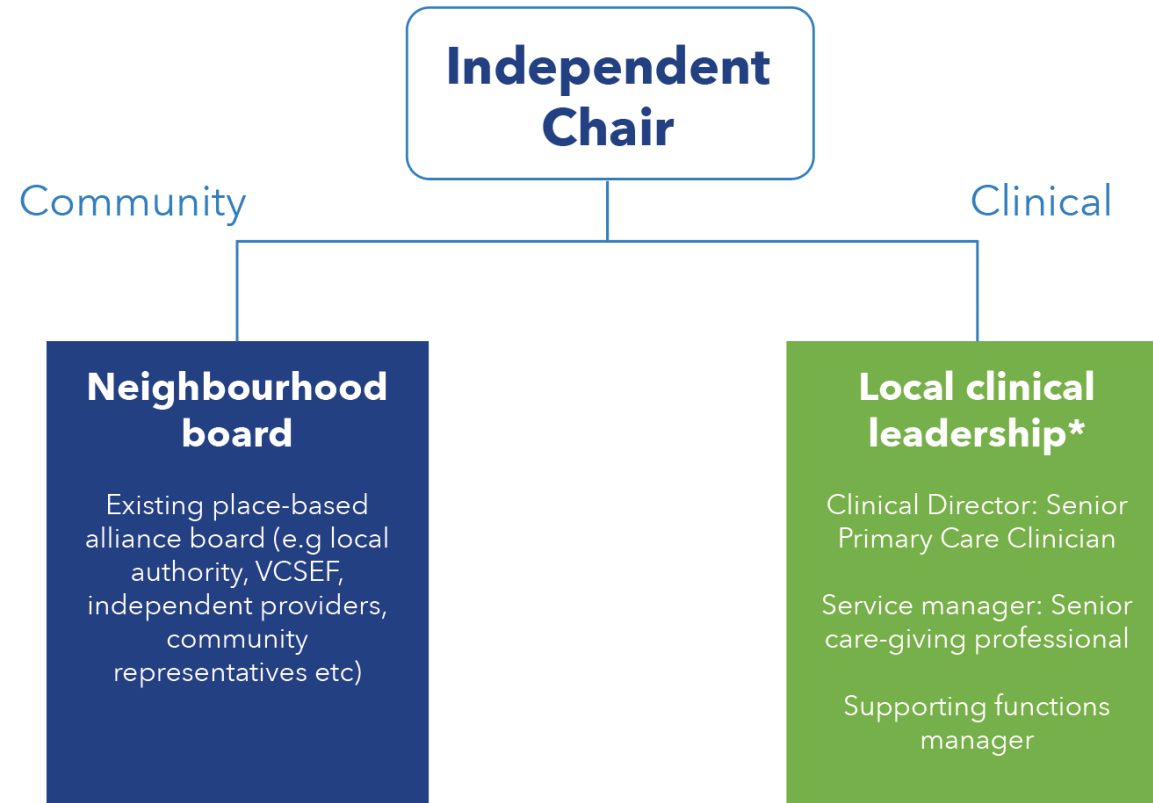


Derby and Derbyshire

What is different in the plan for neighbourhoods?



The ideal neighbourhood: community and clinically led



* 0.5 FTE, ideally on a secondment contract



www.good-governance.org.uk



Powered by GGI Development and Research LLP

People, Purpose and Possibility

Organisational development for Neighbourhood working

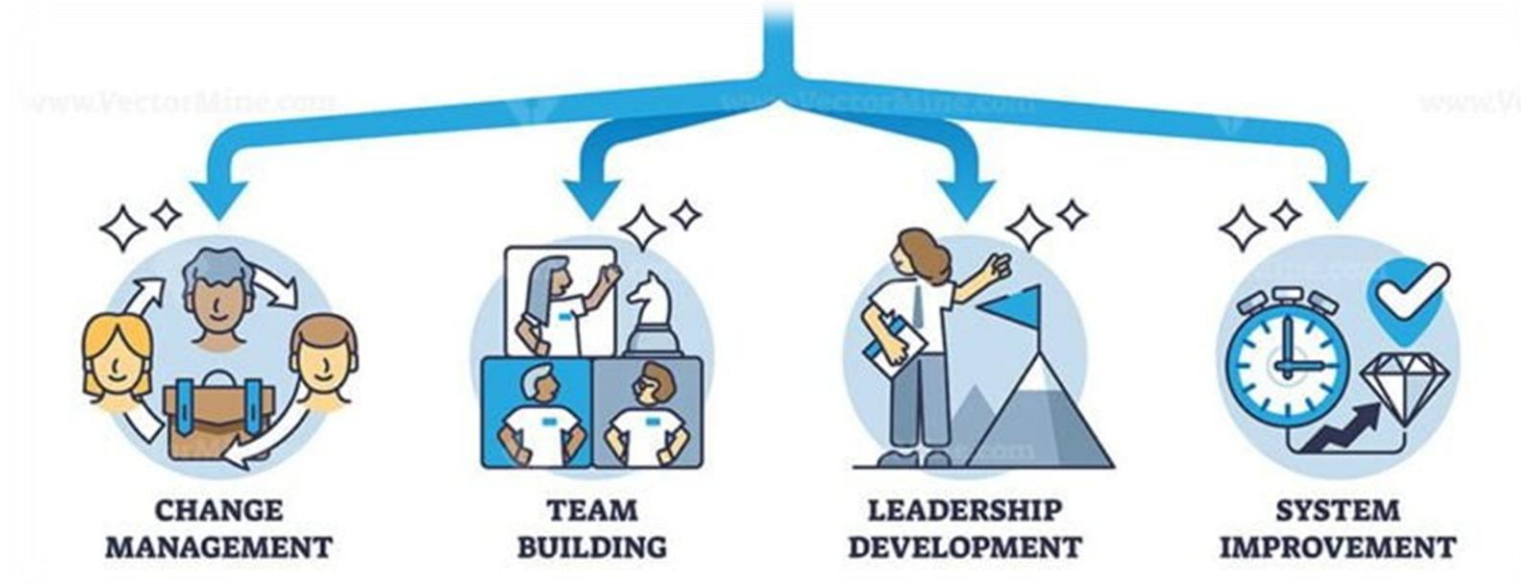


Tracy Gilbert, OD Consultant Joined Up Care Derbyshire

Susie Bayley, Medical Director, The Hub Plus, Derbyshire

What is OD?

OD is a planned, systemic approach to improving effectiveness, performance, culture, and capacity to change for an organisation/ system.



“System culture can inhibit innovation... we need to shift resources into neighbourhoods and give them space to achieve results”.

Why do we need Organisation Development in Neighbourhood working?

It Aligns Diverse Partners Around a Common Goal

- It is tricky and we need a common language and purpose

It Empowers Those Closest to the Patient

- Supporting **distributed leadership**

It Builds Trust and Psychological Safety

- Because change can feel threatening, we need permission without fear of failure

It Enables a Culture of Testing and Trying

- Encouraging a learning mindset

It Supports Leadership Across Boundaries

- Requires leaders who can **navigate complexity, build coalitions, and hold shared accountability**

To Embed Sustainable Change

What have we heard so far?

- Some sectors feel excluded / underrepresented
- Organisations of all sizes can feel threatened
- There is discomfort because of the unknowns
- Leadership is often concentrated in formal NHS roles
- Leaders can feel unclear re: responsibility /accountability
- Capacity is stretched
- Funding is a worry

AND YET– *We are committed to doing something different to support our patients/clients*

“We need mature discussions between equals as to what is possible to deliver for the funding available.”



What behaviours would support you to work in neighbourhoods?



BEING

AUTHENTICITY:

Honest and genuine, true to self and own values, clarity about what they are there for, what they are aspiring to and why; sense of purpose

MINDSET:

Open-minded, curious, encourages learning and a lack of defensiveness in self and others, insight and affiliation with others

RESILIENCE, BRAVERY & COURAGE:

Boldness, bravery and courage to take calculated risks, reflects and learns from failure and success



RELATING AND COMMUNICATING

RELATIONSHIPS & ADVOCACY:

Engages and builds relationships at all levels and across organisations, enables citizens to take charge of their own health (with the right support)

COLLABORATION & CO-CREATION:

Involves communities, embraces diversity and works across differences and agencies to establish what collectively needs to be achieved for quality, cost-effective service provision

TRUST:

Builds trust to promote empathy, care and open communication (e.g. around why decisions are made)



LEADING AND VISIONING

COMMUNITY/ HOLISTIC THINKING:

Starts with place in mind, understands wider area structures and associated challenges, clarifies alignment, has a community focus for the greater good

VISION/ SHARED DIRECTION:

Has consistent and clear vision which involves common goals and shared direction for quality, effective service provision

SYSTEM INFLUENCE:

Leads from place, makes gateways and breaks down divides to enable system outcome beyond their own service, to serve communities. Plays an active role in shaping policy nationally

LEAD/ ENABLE OTHERS:

Provides opportunity for others to develop around them, gives opportunities to others to solve problems, make decisions, take ownership; supportive and agile



DELIVERING

OWNERSHIP & ACCOUNTABILITY:

Holds self and others (across the system) to account for quality, effective service provision, recognises how to work with shared accountability for the benefit of the population

DELIVERY:

Has clear structure and steps for delivery, knows where to invest energies and takes action making best use of available resources

DOING THINGS DIFFERENTLY:

Doing things differently to facilitate delivery. Trying new ideas and enabling self and others to explore creative approaches

What if behaviours aren't upheld?



Radical Candor: Care Personally + Challenge Directly



Create safe spaces for honest feedback



Challenge ideas, not people: depersonalise / give clarity



Use shared purpose to guide difficult conversations



Model vulnerability and openness



Assumption of good intentions

“I am not here to be right, I am here to get it right.” **Brene Brown**



Adapted from the book Radical Candor by Kim Scott

WE NEED YOU –

Must be done with not done to

**What's
next, and
so what?**

- Co-design OD priorities with all partners - **building trust** agree our **common goal**
- **Empower frontline leaders** and community voices - patients and communities at the heart of all we do
- **Embed shared behaviours** and leadership standards building a distributed network of leaders
- **Create the environment to test and learn** together — iterate and improve
- **Track impact** on collaboration, wellbeing and patient outcomes

We've shown WHY, you've described BEHAVIOURS. HOW do we proceed?



A CALL TO ACTION

- Back in the day job. . .
 - Look and feel WHAT you need to ensure we can deliver transformation in neighbourhoods.
 - How do we create the right environment and culture?
 - Where do you need the support?
- Loop back and tell us
 - Slido – will remain open after today's session for you to add thoughts and comments



Audience Q&A

① The Slido app must be installed on every computer you're presenting from

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Closing remarks

