

Integrated Neighbourhood Team briefing



Strengthening neighbourhood health through VCFSE¹ leadership.

The NEL VCFSE Collaborative² (the Collaborative) has published a summary of the latest NHS Neighbourhood health policy as part of the NHS 10 year plan. We have also updated our briefing on the principles for partnership in developing Integrated Neighbourhood Teams.

This briefing sets a clear message that successful neighbourhood working cannot be delivered without the VCFSE sector at its core.

VCFSE organisations are not peripheral delivery partners. They are trusted community anchors, providers of early intervention, connectors to underserved communities, leaders in tackling health inequalities and experts in the neighbourhoods they serve. Integrated Neighbourhood Teams will only succeed where the sector is embedded as an equal strategic partner in design, governance, delivery and investment.

A call to action

Integrated Neighbourhood Teams represent a major opportunity to reshape health and care around people, place and prevention. This ambition will only be realised through genuine partnership with the VCFSE sector.



The sector already delivers trusted relationships, early intervention, culturally competent support and deep community intelligence every day across neighbourhoods.

The challenge now is not whether to involve the VCFSE sector, but whether systems are prepared to embed it as an equal partner in leadership, investment and delivery.

The Collaborative representatives can support organisations and system leaders to embed these principles into neighbourhood development and delivery.

¹ Voluntary, Community, Faith and Social Enterprise

² North East London Voluntary, Community, Faith and Social Enterprise Collaborative.



Principles for partnership

1. Community-led and inclusive by design

Neighbourhood working must start with communities, not systems.

- VCFSE organisations build trust, reach excluded residents and empower communities. They must therefore be involved from the outset in planning, co-design, problem solving and decision making.
- Existing neighbourhood forums, grassroots networks and resident-led structures should be utilised and strengthened rather than duplicated.
- National neighbourhood policy requires Integrated Neighbourhood Teams to be co-designed with communities, not simply delivered to them. The VCFSE sector is essential in bridging this relationship.
- Integrated Neighbourhood Teams should visibly reflect the breadth, diversity and impact of VCFSE provision across neighbourhoods.

2. Embed VCFSE leadership in governance and decision making

If communities are to shape outcomes, the sector must have influence where decisions are made.

- VCFSE voice, leadership and delivery partnerships must be formally embedded into governance structures.
- The Collaborative can support systems to establish clear roles, accountability mechanisms and feedback loops demonstrating how community insight influences action.
- Collaborative representatives, residents and wider VCFSE delivery partners should be embedded within local INT steering groups and integrated into wider strategic structures including Health and Wellbeing Boards as neighbourhood models mature.

3. Fair and sustainable resourcing

Partnership cannot exist without investment.

- Integrated Care Boards (ICBs) must resource participation properly, including staff time, administration, travel, engagement and infrastructure support.
- VCFSE organisations should be explicit beneficiaries within **Better Care Fund** negotiations and neighbourhood investment planning.
- Culturally competent and inclusive VCFSE services should be recognised as named co-location partners within Neighbourhood Health Centres.
- Multi-year funding arrangements are essential to sustainability, workforce retention and long-term impact.
- Systems should actively remove barriers to participation through shared infrastructure, communications and operational support.

4. Mutual trust, respect and communication

Strong neighbourhood partnerships depend on relationships, transparency and shared understanding.

- Health partners should communicate openly, accessibly and without unnecessary jargon, ensuring papers and agendas are circulated in advance.
- ICBs should create both formal and informal opportunities for shared learning, collaboration and relationship building across sectors.
- Partnership working must move beyond consultation and towards genuine shared ownership of neighbourhood outcomes.

5. Co-production and lived experience

Residents are experts in their own lives and communities.

- ICBs must actively involve residents and communities in shaping and improving services, using existing community structures wherever possible rather than creating parallel engagement processes.
- People should be compensated fairly for their time, expertise and lived experience.
- Community insight should be embedded into meeting agendas, service redesign and evaluation processes.
- Shadowing opportunities and neighbourhood walkarounds should be offered to Integrated Neighbourhood Teams staff to strengthen understanding of VCFSE delivery on the ground.
- Achieving the national target that 95% of people with complex needs have an agreed care plan by 2027 will rely heavily on social prescribing link workers, community connectors and VCFSE-led holistic support.

6. Shared data, intelligence and learning

Community intelligence is critical to effective population health management.

- ICBs and the Collaborative should establish joint learning forums to share insight, innovation and evidence of impact.
- As neighbourhood data-sharing arrangements develop through 2026/27, systems should provide VCFSE partners with information governance support, data protection training and streamlined access processes.
- VCFSE intelligence and lived experience data must be embedded within population health approaches, particularly for national priority cohorts including:
 - Frailty and end-of-life care.
 - Multiple long-term conditions.
 - Children and young people.
 - Cancer care and prevention.



7. Building capacity and long-term sustainability

Neighbourhood transformation requires sustained sector capacity.

- Systems should avoid short notice engagement and instead involve VCFSE leadership at the earliest possible stage of development.
- Neighbourhood plans should demonstrate meaningful sector engagement before submission and include input from both the Collaborative and frontline VCFSE delivery partners.
- Capacity-building grants, mentoring and development support should be made available for smaller and grassroots organisations.
- VCFSE anchor organisations should be utilised to coordinate collaboration, distribute funding and strengthen local ecosystems.

8. Neighbourhood investment and inclusive commissioning

Commissioning must evolve to unlock community capacity and innovation.

- ICBs should move towards inclusive commissioning models that enable VCFSE organisations to co-produce and deliver neighbourhood services.
- Collaborative models, alliances and anchor organisations should be considered as commissioning partners to widen access and simplify processes.
- ICBs should explore the development of dedicated Neighbourhood Funds in partnership with key VCFSE delivery organisations.
- Investment decisions should recognise the preventative value, reach and social return delivered by the VCFSE sector.

For further information or for support as an organisation or leader to embed these principles, please contact us at nelvcse@thcvs.org.uk.



Voluntary, community, faith & social enterprise organisations working with the NHS across North East London.

For more information, email nelvcse@thcvs.org.uk.

Photographs by **FaithAction**.