

DVA Conference 2025 Appendix

Connected Approach to Neighbourhoods

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About this Appendix

This appendix presents the full workshop findings and discussion data captured during the DVA Conference 2025 – Connected Approach to Neighbourhoods, held at The Post Mill Centre, South Normanton.

It is intended as an evidence base for NHS, ICB, Public Health, Local Authority, and VCSE partners to support system planning and neighbourhood integration.

These insights represent the unfiltered voice of Derbyshire's VCSE, statutory, and community partners — highlighting barriers, opportunities, and solutions to embedding neighbourhood working. They form the evidence base for the recommendations in the main report.

Reference note:

All information in this appendix is drawn from delegate discussions, workshops, and feedback gathered during the DVA Conference 2025 – Connected Approach to Neighbourhoods.

Workshop Results Overview

Participation

- Four core workshop questions were explored across multiple delegate tables (approx. 120 participants representing NHS, ICB, Local Authorities, and VCSE organisations).
- Each table generated written and verbal feedback collated into thematic clusters.
- Data includes direct quotations from delegates; spelling or grammar were normalised only for readability.



What is the role of the VCFSE in Neighbourhood Working?

Workshop Question 1

Summary Analysis

Delegates unanimously described the VCFSE as the bridge between statutory services and communities—trusted, agile, independent, and rooted in lived experience.

The sector's value is its ability to act quickly, prevent crisis, and sustain local relationships that systems alone cannot replicate.

“We are the eyes and ears in our communities.”

“VCSE isn't free – but it's fantastic value.”

Key Themes (from delegate notes)

A. Connection and Trust

- Eyes and ears in communities – help interpret data in real terms and identify underlying causes.
- Bridge between communities and statutory services.
- Local services for local people – trusted and approachable.
- Accessibility and affordability build confidence and early engagement.

B. Agility and Independence

- Respond quickly with less bureaucracy.
- Independent status builds authentic relationships and trust.
- “Do-ers” driven by passion, not profit.

C. Lived Experience and Insight

- Collect and share stories to shape services.
- Represent diverse perspectives and marginalised voices.
- Enable community leadership – individuals as system developers.

D. Prevention and Value

- Preventative in the truest sense – early support reduces NHS demand.
- Demonstrates cost savings for health services.
- “VCSE central to everything – prevention and cure.”

E. System Context

- Need for alignment between NHS and Local Authority approaches.
- Recognition that infrastructure is essential to retain community voice.



Interpretive Summary

The role of the VCFSE extends beyond service delivery to acting as a strategic partner in understanding need, designing solutions, and building resilient neighbourhoods. Delegates suggested rebranding as the “Community Impact Sector” to improve public understanding and perceived value.

What can be done to strengthen collaboration with both frontline and VCSE organisations and infrastructure bodies?

Workshop Question 2

Summary Analysis

Collaboration requires co-design, shared language, mutual respect, and simplified processes. Delegates stressed that partnership must be built on trust and parity, not hierarchy.

“Infrastructure is the conduit between systems and communities.”

“Recognise the logistics of participation – transport, timing, and affordability matter.”

Key Themes

A. Communication and Transparency

- Joint / coordinated communications.
- Efficient routes and shared data systems.
- Honest conversations in non-judgemental spaces.
- Shared success stories and open channels.

B. Respect and Parity

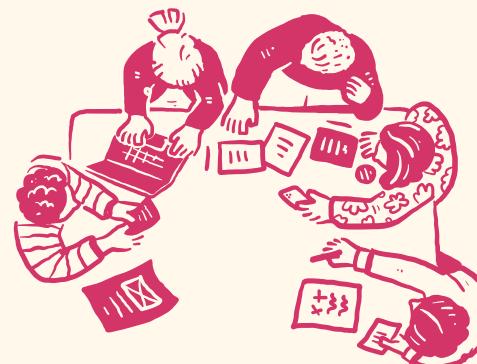
- Equality between statutory and VCSE partners.
- Infrastructure organisations should represent both large and small voices.
- Inclusion of grassroots organisations in planning as well as delivery.

C. Learning and Empathy

- Job shadowing across NHS / VCSE to build understanding.
- Shared training and networking with purpose.

D. Strategic and Operational Integration

- Alliance models and provider collaboratives.
- Forward planning to avoid short-term fixes.
- Joint asset mapping for each local area.



Interpretive Summary

Delegates agreed that collaboration must move beyond “consultation” towards co-ownership of outcomes. Simplifying funding and communication channels would unlock more capacity for delivery and innovation.

How can we make it happen?

Workshop Question 3

Summary Analysis

Delegates focused on practical steps for implementation: funding stability, inclusive governance, and relationship-based leadership. Success depends on long-term investment and shared risk.

“Projects for ten years make a real impact – six-month grants leave people behind.”

“Be bold and brave – ask for change.”

Key Themes

A. Funding and Sustainability

- Committed, longer-term funding.
- Investment in joint systems and infrastructure.
- Transparent commissioning and fair core-cost coverage.

B. Governance and Representation

- VCSE seats on boards and decision-making bodies.
- Co-design solutions before funding decisions.
- Shared accountability and risk between partners.

C. Culture and Relationships

- Build deep trust through continuity and presence.
- Value volunteers and community leaders as change agents.
- Encourage a “safe-to-learn” rather than “fear-of-failure” culture.

D. Inclusion and Accessibility

- Engage across generations and demographics.
- Communicate in clear, non-technical language.
- Provide logistical support for participation (e.g. timing, transport, affordability).



Interpretive Summary

Delegates emphasised that making it happen is not about new structures but new behaviours – honesty, equity, and shared purpose.

Neighbourhood working will succeed only when the VCSE is fully embedded in system planning.

What stands in our way?

Workshop Question 4

Summary Analysis

Delegates identified persistent structural and cultural barriers that limit collaboration. These are summarised below and linked to potential solutions developed during discussion.

Barrier Category	Examples / Delegate Comments	Potential Solutions (Suggested in Workshops)
Funding & Sustainability	Short-term grants; complex applications; strict T&Cs; limited core funding.	Multi-year investment; simpler processes; shared risk models.
Power & Trust	Top-down decision-making; smaller VCSE excluded.	Equal partnership agreements; VCSE board representation.
System Culture	KPI / data-led approach stifles innovation.	“Safe-to-fail” learning; celebrate experiments and good practice.
Duplication & Fragmentation	Overlapping projects; poor coordination.	Joint planning and asset mapping per neighbourhood.
Communication Gaps	Jargon; lack of shared language or follow-up.	Plain-English communication; consistent feedback loops.
Capacity & Access	Time and funding constraints limit engagement.	Funded participation and logistical support.
Recognition of Value	VCSE not taken seriously as professional partner.	Embed VCSE impact metrics in commissioning frameworks.

“Everyone is fighting for a piece of the pie; smaller organisations haven’t got a chance.”

“The funding model is broken when money is said to come from hospital services – it shows lack of commitment to the VCSE.”

Interpretive Summary

Barriers are largely systemic rather than sectoral. Delegates called for a culture shift from competition to collaboration, and from project delivery to shared outcomes. Many issues stem from short-term funding and a lack of mutual understanding between VCSE and statutory partners.



Panel Questions Overview

The following lists represent every question submitted by delegates to the Question Time Panel during the 2025 DVA Conference.

They are grouped into four broad categories that mirror the themes of the day:

- 1. Funding, Resources & Sustainability**
- 2. System Change & Policy Context**
- 3. Inclusion, Equity & Voice**
- 4. Collaboration & Relationships**

These questions reflect the live concerns, challenges, and expectations of Derbyshire's VCSE and statutory partners as they work to embed the Neighbourhood Model.

“VCSE partnerships are investments, not grants.”

“We need stability through the storm of reorganisation — communities can't wait for structures to settle.”

“Whose outcomes matter? Ask the people who live them.”

“Collaboration isn't a project deliverable — it's a culture to build and maintain.”

Funding, Resources & Sustainability

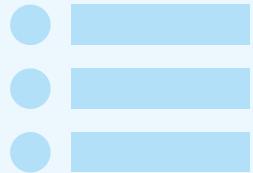


Delegate Questions

1. Would allocating a specific % of PCN/ICB budget to mental health services make a measurable difference to NHS outcomes?
2. How are you going to ensure resources are genuinely levered into communities?
3. How will you fairly compensate or fund VCFSE representatives to participate in and develop the neighbourhood approach (e.g., attending meetings and consultations that drain front-line delivery time)?
4. How do we create longer-term funding solutions for the VCFSE sector?
5. How will you support the VCFSE to work collaboratively for funding rather than competitively?
6. Given good evidence of the benefits of investing in communities (e.g., the Wigan Deal), how do commissioners take that risk?
7. How can we build community trust and retain local expertise when funding for the VCFSE sector is short-term and uncertain?
8. What can be done to rebalance power between statutory bodies and voluntary organisations to enable genuine co-production?
9. How do we shift the understanding of the VCFSE sector — is there still a belief that “voluntary” means “free”?
10. Will you support efforts to create a bottom-up model that fully integrates the VCFSE sector into neighbourhood delivery (currently too high-level)?
11. There is a need to cover core costs — how can this happen to ensure sustainability?
12. Is it possible to direct a fixed percentage of funding straight to the VCFSE sector under the new neighbourhood model — and will it happen in our lifetime?
13. How do we ensure the survival of the whole VCFSE sector, not just its largest players?
14. What can the neighbourhood model do to reduce the negative impact of data- and contract-driven resource allocation?

“We can’t build sustainable change on six-month funding cycles.”
“VCSE partnerships are investments, not grants.”

System Change & Policy Context



Delegate Questions

1. How will local government reorganisation impact the Neighbourhood Model and protect hyper-local focus?
2. How will upcoming devolution impact these plans?
3. How do we navigate current uncertainty around ICB and government reorganisation?
4. Can the panel commit to ensuring that the work we are doing today is not lost in national or local policy changes?
5. (For Tim and Darrell) What is your advice to Place Alliances, ICB, and local government about working with lived experience?
6. How will it be different this time — what will ensure delivery, not just discussion?
7. How big will neighbourhoods be, will there be a set definition, and who decides?

Inclusion, Equity & Voice

Delegate Questions

1. How are we engaging with BAME and Eastern European communities, given limited representation in the room today?
2. Do we have evidenced outcomes on reducing health inequalities across Derbyshire (Core20PLUS5 priorities)?
3. How can lived experience be genuinely heard and influence strategy?
4. How can leaders of statutory organisations take VCFSE representatives seriously within a culture of mutual respect?
5. Whose outcomes matter — and who decides what success looks like?
6. How can funding and decision-making processes better reflect lived experience and community expertise rather than organisational size?
7. How will we measure whether neighbourhood working reduces inequalities for different communities?

Collaboration & Relationships



Delegate Questions

1. How can Place, ICB and VCFSE maximise mutual understanding (e.g., secondments and shadowing)?
2. How do we move from competition to collaboration?
3. What ways can the system actively build trust with the VCFSE sector?
4. Where and how do you see VCFSE organisations working within Neighbourhoods in practice?
5. How can we share learning and support organisations to be open to change?
6. How can we enthuse people to get involved and see neighbourhood working as their agenda too?
7. During funding restrictions and large restructures, how do we prevent people from looking inward at their own organisations when the best route forward is working together?
8. How do we maintain consistent partnerships and communication from grass-roots to strategic decision-makers?
9. What practical actions will system leaders take to model collaborative behaviours?
10. How will success in partnership working be measured — beyond attendance at meetings?

Interpretive Summary

Across all four themes, delegates expressed a consistent message:

- Long-term funding and core cost coverage are essential for stability.
- Structural reform must protect the hyper-local focus of neighbourhood work.
- Inclusion and lived experience are non-negotiable if we want authentic change.
- Collaboration and trust must be modelled by leaders at every level.



Panel Answers and Key Commitments

Overview

The Question Time Panel was facilitated by Jacqui Willis (DVA CEO) and featured:

- Angela Wright – Assistant Director, Place Development & Delivery, Derby & Derbyshire ICB
- Jim Austin – Community Transformation Programme Lead & CEO, Derbyshire Community Health Services NHS Foundation Trust
- Ian Lawrence – Community Transformation Programme Sponsor & CEO, Derbyshire Community Health Services NHS Foundation Trust
- Sharon Gibbs – Senior Commissioning Manager, ICB
- Tom Watson – General Manager, South Hardwick PCN
- Dr Alice Fenton – GP, Royal Primary Care / Chesterfield Local Place Alliance Clinical Lead
- Tim Adwick – Founder, Mindscapes CIC
- Darrell Price – Founder, Pain Inspired CIC

Delegates put forward over 40 questions. Panel members responded with a mixture of reflection, commitment, and recognition of shared challenges.

Angela Wright (ICB) – The Role of System Partners and Funding Stability

“We can’t do this without community organisations. They are the people who understand what’s really happening on the ground.”

Angela acknowledged the frustration voiced by delegates about short-term funding and consultation fatigue. She confirmed that the ICB’s neighbourhood approach depends on VCSE insight and promised to keep community representatives involved as the model evolves.

Observed commitment: Maintain open dialogue with DVA and infrastructure partners on developing longer-term commissioning frameworks that recognise the VCSE’s role in prevention.

Angela Wright – “We can’t do this without community organisations.”

Panel Answers and Key Commitments

Jim Austin (Derbyshire Community Health Services NHS Foundation Trust) – System Change and Leadership

“If we keep doing things in silos, we’ll fail. We have to share power and we have to listen.”

Jim highlighted that true transformation means breaking down professional boundaries. He spoke about the importance of shared accountability and using data to understand people’s stories, not just their outcomes.

Observed commitment: Support greater data transparency and cross-sector collaboration through the Community Transformation Programme.

Jim Austin – “We have to share power and we have to listen.”

Ian Lawrence (Derbyshire Community Health Services NHS Foundation Trust) – Integrated Delivery

“Neighbourhoods will look different in different places – and that’s a strength, not a weakness.”

Ian emphasised that a single, rigid model would fail; each community must shape its own structure. He recognised the VCSE as key to adapting delivery locally.

Observed commitment: Endorse flexibility in the size and shape of neighbourhoods, with design driven by community insight.

Ian Lawrence - “Let’s measure the difference we make to people and use that as our currency.”

Sharon Gibbs (ICB) – Commissioning and Collaboration

“We have to be honest about the barriers. Procurement and governance processes have grown complicated, and that locks people out.”

Sharon accepted that VCSE organisations face unnecessary bureaucracy and pledged to review local commissioning processes to remove barriers for small providers.

Observed commitment: Simplify future commissioning frameworks to make participation fairer for grassroots VCSE organisations.

Sharon Gibbs - “Building trust and shared values is how we change the way we work.”

Panel Answers and Key Commitments

Tom Watson (South Hardwick PCN) – Practical Implementation

“Neighbourhood working is about relationships first. It’s about knowing who to pick up the phone to.”

Tom discussed how GP practices are already engaging with community groups through social prescribers but noted that communication pathways between PCNs and VCSE bodies are inconsistent.

Observed commitment: Strengthen practical referral and communication routes between PCNs, link workers, and VCSE partners.

Tom Watson - “We need to recognise the VCSE as a trusted and integral partner—and invest in relationships, not just services.”

Dr Alice Fenton (Royal Primary Care) – Clinical Perspective

“When I see someone who’s struggling, I don’t just think about medication. I think about who’s around them.”

Alice shared examples from her practice where linking patients with community groups reduced repeat GP visits and improved wellbeing. She praised VCSE partners for offering preventative support that “saves people and saves the system.”

Observed commitment: Promote better integration of community referrals into GP systems and continued advocacy for prevention as core healthcare.

Dr Alice Fenton - “Be brave, be flexible, believe and trust the community. Start small but aim big.”

Tim Adwick (Mindscapes) – Lived Experience and Peer Support

“Standing here is a big deal for me. I live with complex PTSD, depression and anxiety. What we do at Mindscapes is help others like me find strength, hope, and support they didn’t think was there.”

Tim’s personal story grounded the discussion in lived experience. He reminded delegates that peer-led approaches provide authenticity and trust often missing in formal services.

Observed commitment: Expand peer leadership opportunities within neighbourhood teams and ensure lived experience is represented in planning forums.

Tim Adwick - “We don’t just change lives—we save lives. And that’s priceless.”

Panel Answers and Key Commitments

Darrell Price (Pain Inspired) – Sustainability and Community-Led Solutions

“This group is a lifesaver for me. I don’t think I’d be here if it wasn’t for this group.”

Darrell illustrated the tangible health and financial benefits of community-led pain support, estimating more than £25,000 in avoided GP appointments since Pain Inspired began. He called for micro-investment models that trust communities to develop their own solutions.

Observed commitment: Explore replication of micro-grant funding and mentoring support for emerging peer groups through DVA and ICB collaboration.

Darrell Price - “Our approach is designed and delivered with lived experience at its core.”

Panel Summary – Key Collective Messages

Across all panellists, several unifying themes emerged:

- Trust and Relationships: Build relationships before structures.
- Simplified Funding: Move from short-term, competitive grants to sustainable partnerships.
- Empowerment: Communities must shape how neighbourhoods work.
- Integration: Data, referrals, and governance need to align.
- Respect for Lived Experience: Those affected by inequality must be co-designers, not consultees.

Theme	Panel Consensus Summary
Funding & Sustainability	Recognised need for multi-year investment and micro-grants for community groups.
Partnership & Culture	Shared power and consistent communication between sectors.
Delivery & Local Design	Flexibility in neighbourhood models – one size will not fit all.
Data & Evidence	Collect and share VCSE impact data across systems.
Lived Experience	Peer-led approaches must inform system decisions.

Using the Appendix Going Forward

Purpose

This appendix is designed as a reference and evidence source for strategic planning across Derbyshire's health and care system.

It documents authentic voices — from both the community and the system — showing where collaboration is working and where it must improve.

Immediate Applications

- **For the NHS & ICB:** Integrate VCSE prevention metrics into neighbourhood performance dashboards.
- **For Local Authorities:** Use insights to design devolution plans that protect community voice.
- **For DVA & VCSE Partners:** Leverage this evidence in funding proposals and partnership negotiations.
- **For All Partners:** Use the barriers/solutions table (Page 7) as a checklist for joint improvement.

Key Takeaway for Stakeholders

Neighbourhood working succeeds when VCSE, NHS, and local government share power, share data, and share belief.

Investing in the VCSE is an investment in prevention, efficiency, and community resilience.

Closing Statement

The DVA Conference 2025 – Connected Approach to Neighbourhoods reaffirmed that Derbyshire's strength lies in its partnerships.

This appendix records that collective learning and charts a clear course forward — from discussion to delivery, from ideas to investment.

“When communities lead, systems follow — and that's when change truly happens.”

— Jacqui Willis, CEO, Derbyshire Voluntary Action

Delegates List

Blend Youth Project
Local Government Authority
Derbyshire Addictions Advice Service
Bipolar UK Chesterfield Support Group
Bolsover District Council
Mindscapes
High Peak CVS
Derbyshire County Council Public Health
Chesterfield Borough Council
Weconomics Ltd (Release)
North Hardwick & Bolsover Primary Care Network
Derbyshire County Council
NHS Derby and Derbyshire ICB
High Peak Borough Council
Derbyshire Dementia Information & Advice Service
Homestart High Peak
The Caregiving Journey CIC
Blue Box Belper
Derbyshire Carers Association
Citizens Advice Mid Mercia - Low Level Support
P3 Charity
Derbyshire Dales CVS
John McCabe Memorial Project
Elephant Rooms
Connex Community Support
Derbyshire Veterans Group HQ
North East Derbyshire District Council
Volunteering and Community Manager, National Trust, Hardwick Hall
EMAS
Bolsover Wellness CIC
Ingeus
Blythe House Hospice
Natural England
SNaP Youth
Chesterfield Football Club Community Trust

Healthwatch Derbyshire
South Derbyshire CVS
DHU Healthcare
Active Derbyshire
Building Bridges AS CIC
Futures Housing Group
Rykneld Homes
Derbyshire Mind
Bolsover CVS
Community Action Derby
Citizens Advice North East Derbyshire
South Derbyshire District Council
NEDDC
Rural Action Derbyshire
DACES Derbyshire County Council
Belper PCN
Derbyshire County Council, Derbyshire Adult Community Education
Public Health, Derby City Council
GamCare
OPUS Music CIC
Direct Education Business Partnership
Hearing Help UK
WORTH Charity
Derbyshire Community Health Service NHS FT (Sexual Health Promotion)
DDPCN
The Derbyshire Home from Hospital Support Service - South Derbyshire CVS
B:friend
Derbyshire Dales Primary Care Network LTD
Derby County Community Trust
Lloyds Bank Foundation
Alzheimer's Society
The Derbyshire Federation for mental health
Just Good Friends Club (JGFC)
SPACE Counselling Chesterfield and North Derbyshire
Team Up Derbyshire
Pain Inspired
Derbyshire Community Health Services NHS Trust
South Hardwick PCN
Royal Primary Care