

# **DVA Conference 2025 Impact Report**

**Connected Approach to  
Neighbourhoods**

**DVA.ORG.UK**

Helping people  
help communities

**DERBYSHIRE  
VOLUNTARY  
ACTION**

# Contents

**Executive Summary**

**Stories of Impact**

**System and Clinical Perspectives**

**Building the Neighbourhood Model**

**Barriers and Solutions**

**Value of the Conference**

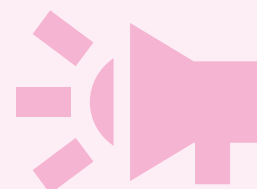
**Economic Value**

**Top Recommendations**

**Practical Actions**

**What Next?**

**Conclusion**



# Executive Summary



In September 2025, Derbyshire Voluntary Action hosted the Connected Approach to Neighbourhoods Conference at the Post Mill Centre in South Normanton. The event brought together a wide range of stakeholders from the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector, with representatives from statutory services, Integrated Care Boards (ICBs), Public Health, Primary and Secondary Care, and infrastructure bodies.

## Purpose and Focus

The DVA Conference sought to deepen cross-sector, neighbourhood collaboration in line with national policy and the NHS England 10 Year Plan, elevate the unique contributions of the VCFSE sector to health and wellbeing, and foster open dialogue around realistic, integrated approaches. Central to the event was the emphasis on lived experience as a driver of system transformation.

## Event Format

The programme featured presentations from sector leaders and lived experience advocates, covering themes such as community voice, agency, neighbourhood models, and clinical perspectives.

Compelling presentations from lived experience advocates, whose stories and insights powerfully illustrated the human impact of neighbourhood working, underscored the urgency and potential of collaboration, inspiring attendees to think boldly and act collectively. Interactive workshops enabled participants to explore barriers to collaboration and identify practical steps forward. A 'Question Time'-style panel distilled workshop insights into actionable recommendations, while informal networking opportunities helped build trust and relationships.

## Key Themes and Insights

A recurring theme was the pivotal role of the VCFSE sector in bridging statutory services and communities. Described as agile, independent, and deeply embedded in local life, the sector was recognised for its ability to identify unmet needs, amplify marginalised voices, and foster connections and continuity of support - all essential to tackling inequalities and driving meaningful change.

A clear and consistent message emerged: there is a real and growing appetite to work together. Participants expressed a shared commitment to breaking down silos, simplifying processes, and designing services with, not for, communities.

**"Be bold and brave, ask for change."**



# Executive Summary continued



Lived experience was not just referenced, it was central. Presenters spoke with authenticity and clarity, reminding attendees that transformation begins with listening and learning from those closest to the issues.

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

Collaboration emerged as both a priority and a challenge. Attendees called for co-design from the outset, especially involving small and grassroots groups in planning and funding decisions. Infrastructure bodies were highlighted as key connectors between systems and communities.

Wide ranging debate identified the need for: simplification of funding processes, shared systems, inclusive and jargon-free communications and joint training as essential steps. Ultimately there is need for a cultural shift towards equal partnership and full recognition of local expertise as professional expertise.

Turning ideas into action requires sustained investment in relationships, continuity, and shared ownership. Participants advocated for local forums, co-designed solutions, and long-term funding models that embed lived experience throughout. There was a strong call to avoid labelling neighbourhoods by deprivation and instead shift the focus onto inclusive, holistic approaches.

Barriers persist. Power imbalances, fragmented funding, and siloed working continue to hinder progress. Complex applications and digital divides alienate communities, while staff turnover and fear of failure disrupt momentum.

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

Cross-cutting insights reinforced that neighbourhood working only thrives when communities are active design partners, not just delivery arms. Infrastructure investment is vital to amplify community voice, and prevention through community-led initiatives can reduce pressure on statutory services. Mutual respect and shared learning were seen as more effective than structural reforms in breaking down barriers.

## Conclusion

The Connected Approach to Neighbourhoods conference revealed a strong, collective desire to do things differently for our communities. It reinforced the critical role of the VCFSE sector and the transformative power of lived experience. Conference insights and recommendations offer a solid foundation for future action, united by a shared vision to build thriving, equitable, and connected neighbourhoods through partnership, co-production, and community-led innovation.

# Stories of Impact

“Real change doesn’t start in the boardroom - it begins with people sharing their stories.”

The Conference opened with powerful, personal stories that brought neighbourhood working to life, showed how belief in a person can lead to lasting transformation, and why community-led approaches matter.

Tim Adwick, founder of Mindscapes, shared his journey of living with complex PTSD, depression, and anxiety, and the healing power of peer support: “Standing here is a big deal for me. What we do at Mindscapes helps others like me find strength, hope, and support they didn’t think was there.”

Darrell Price, founder of Pain Inspired CIC, described how the encouragement of a social prescriber, support from Feeling Connected and a £75 microgrant were the catalysts for a project that now supports over 500 people. The group’s peer-led model has reduced isolation, boosted confidence, and significantly cut GP visits, saving an estimated £25,000 in appointments. As Darrell reflected: “This group is a lifesaver for me. I don’t think I would be here if it wasn’t for this group. Belief and support made this possible, that’s what community-led action looks like.”



“What helped me rebuild wasn’t clinical intervention; it was community. Mindscapes is a grassroots model of preventative care, using creativity, connection and compassion to help people move from surviving to thriving.”

**Tim Adwick, Mindscapes**



“Our approach is designed and delivered with lived experience at its core. Members feel supported by people who actually get it. Our aim is to reduce reliance on pain medication, especially opioids, and help people live a better quality of life, despite the pain.”

**Darrell Price, Pain Inspired**

**This is neighbourhood working in action; rooted in lived experience, driven by community, and proven to make a difference.**



# System and Clinical Perspectives

“Neighbourhood working is about relationships, trust, and understanding the barriers patients face. It cannot succeed without the VCFSE at its core.”



**Angela Wright (ICB), Jim Austin, and Ian Lawrence (DCHS NHS Foundation Trust)** showcased how the Neighbourhood Model in Chesterfield is reducing inequalities by working alongside communities rather than designing for them.

“Formalising that really local system, with all partners round the table, including the VCFSE, paid to be there like everybody else, is absolutely right.” Angela Wright

“As we devolve money and power into neighbourhoods, that’s where micro-interventions using local voluntary sector resources can really come into play.” Jim Austin

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

**Sharon Gibbs (ICB) and Tom Watson (PCN)** described practical multi-agency collaboration between health, councils, and community groups.

Sharon Gibbs: “We need to listen. If we keep doing what we’ve always done, we’ll get what we’ve always got.”

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

**Dr Alice Fenton (Royal Primary Care)** spoke from a GP’s perspective:

“Prevention is rooted in the community, not in a GP consultation room.”

Together, these voices made one thing clear: when systems and communities share power, prevention replaces crisis. That’s where real savings begin and where lasting social impact takes root. The VCFSE sector is not an add-on, but a vital partner in this shift. With trust, investment, and collaboration, we can move from firefighting to foresight, building a system that listens, learns, and leads with community at its heart.



## Community Voice

Stories shared,  
peer support  
begins.

## Action & Prevention

Local groups  
respond rapidly.

## Value & Impact

Reduced NHS demand,  
increased wellbeing,  
stronger communities.

# Building the Neighbourhood Model

“The VCFSE isn’t free - but it’s fantastic value.”

Conference workshops explored how neighbourhood working could take shape across Derbyshire. Guided by four key questions delegates shared insights, challenges, and practical ideas for change.

## The Role of the VCFSE Sector

Participants highlighted the VCFSE’s community-led, preventative, and hyper-local strengths. Seen as uniquely placed to uncover unmet needs, connect services, and reach where statutory systems often fall short, the sector was described as:

**“The bridge between systems and people, trusted, agile and indispensable.”**

## Trust and Respect

Infrastructure bodies were recognised as essential conduits between systems and communities. Their role in amplifying smaller voices and facilitating collaboration was seen as key to building trust and ensuring inclusive neighbourhood working.

“Infrastructure is the conduit between systems and communities.”

“We waste money reinventing the wheel - we need to work together to make a difference.”

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

## Co-production from the Start

Co-design must be embedded from the beginning, not just at the delivery stage. Smaller organisations and those with lived experience must be actively involved in planning, decision-making, and funding processes to ensure services reflect real community needs. Practical barriers such as transport, timing, and affordability were also raised as critical considerations for inclusive participation.

## Funding and Capacity Challenges

Participants highlighted the need for long-term investment and simplified funding processes. Without these, burnout, duplication and missed opportunities will continue to undermine progress.

**A clear message emerged: the VCFSE sector is vital to making neighbourhood working succeed. It is trusted, agile, embedded - the essential bridge between systems and communities.**



# Barriers and Solutions

Change is possible – but only through long-term trust, investment, and collaboration.  
It's time to be bold and brave.



## Top Three Priorities Emerging from the Day

1. Invest in relationships – genuine partnership over paperwork.
2. Empower communities – start with lived experience, design around people.
3. Measure value differently – prevention and wellbeing outcomes count as success.



### Barriers

Short-term, fragmented funding that drains creativity and continuity

Power imbalances – top-down decision-making leaves smaller groups excluded

Overly complex reporting and tendering processes

Jargon and inconsistent communication across sectors

Fear of failure and uncertainty about the future



### Solutions

Commit to multi-year, sustainable funding for VCFSE delivery and infrastructure.

Create local forums and shared projects to foster visible collaboration.

Embed lived experience in design and decision-making – not as a token gesture, but as equal expertise.

Simplify grant processes and reduce duplication to make participation viable for smaller organisations.

Recognise that prevention is investment – community-led activity saves doctors' appointments, hospital beds, and mental health interventions.



# Value of the Conference

This was not just another conference.  
It was an investment in Derbyshire's future.

## The Value

Creation of a bold space for connection, commitment, and collaboration. It marked the start of a shared journey, challenging the cost of disconnection and championing the transformative potential of trust, shared understanding, and co-designed solutions.

## Partnerships Strengthened

127 participants from across sectors came together in one space, building shared understanding and trust that will underpin future neighbourhood working.

## Commitments Made

System leaders pledged to embed VCFSE voices in neighbourhood governance and funding decisions, ensuring community insight shapes strategic planning.

## New Collaborations Sparked

Connections made on the day have already led to new joint initiatives, with DVA positioned as a key connector and facilitator across Derbyshire.

## Practical Insights Shared

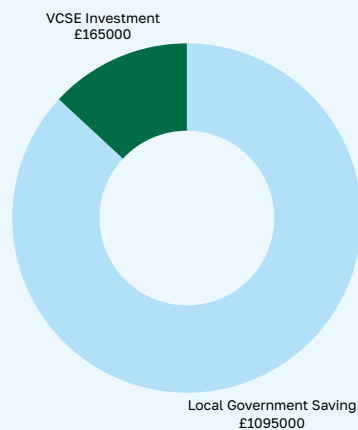
Workshops tackled real challenges – data sharing, capacity building, and funding mechanisms – while generating actionable ideas to strengthen collaboration.

## Cost Savings Demonstrated

Pain Inspired, a grassroots group, saved an estimated £25,000 in GP appointments. If replicated across just 10 neighbourhoods, the potential system saving could exceed £250,000 annually, with wider wellbeing and social impact.

## Investment Proven to Work

A Local Government Association study showed that £165,000 invested in local VCFSE organisations avoided over £1 million in direct council spending. This conference reinforced that investing in community-led action delivers measurable returns.



Source: Local Government Association

## Momentum Created

The energy and commitment generated on the day have galvanised a movement, one that places community voice at the heart of neighbourhood transformation.

# Economic Value

The Derbyshire VCSFE sector is a critical economic and social asset, delivering services, building trust, and connecting communities in ways statutory services alone cannot.

## Sector Snapshot:

- 5,000 VCFSE organisations across Derbyshire (excluding Derby City)
- 5 million service users annually
- £340 million combined economic value
- 10,000 full-time equivalent paid staff, comparable to the workforce of major NHS Trusts
- 70% of organisations run entirely by volunteers

The Derbyshire VCFSE sector not only contributes to health and wellbeing, but also drives economic resilience, employment, and social capital. Its reach spans health, social care, arts, faith, regeneration, and more.

## Monetary Value of Prevention & VCFSE Impact

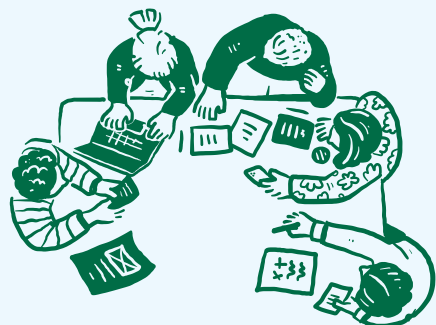
According to the NHS Confederation and Carnall Farrar, better targeting of prevention spending could deliver £11 billion in annual return on investment (ROI), and up to £22 billion if best-practice ROI is achieved across all interventions. [[nhsconfed.org](https://nhsconfed.org)]

The top 20 preventative interventions by ROI were all community-based, with returns ranging from £6.90 to £34.75 per £1 spent.

The King's Fund emphasises that community and VCFSE-led services are essential to reducing crisis demand and improving population health.

“The VCFSE sector is not just a partner – it is a leader in prevention, innovation, and community empowerment.” Stephen Crabb, CEO, Communities First

“Real change happens at community level. We must ensure community voices remain central as we move forward.” Jacqui Willis, CEO, Derbyshire Voluntary Action



# Top Recommendations

“Embedding the neighbourhood approach requires shared leadership, mutual accountability, and a commitment to community voice.”

## NHS, ICB, and Public Health

- Commit to multi-year funding for VCFSE delivery and infrastructure
- Embed VCFSE representatives in decision-making boards, not just consultations
- Simplify contracts and reduce over-reporting
- Recognise prevention as investment
- Ensure transparency in how funding priorities are set and communicated
- Address the questions posed by DVA Conference delegates when planning strategy (see appendices)

## Local and Central Government

- Protect hyper-local focus during devolution and council reorganisation
- Join up funding streams (Public Health, NHS, councils) to end the “drip feed” model
- Promote co-design with communities, not paternalistic models
- Use the VCFSE as a bridge to community insight

## VCFSE Organisations

- Present evidence of impact and cost savings clearly
- Collaborate, don't compete. Use alliances and networks to strengthen influence
- Invest in relationships and shared learning with statutory partners
- Continue amplifying lived experience as professional expertise
- Engage in forums and networks to ensure diverse voices are heard



# Practical Actions

## Collective Commitments to Neighbourhood Working Roadmap

### Strategic Decision Making

- Ensure VCFSE is represented on decision-making boards and working groups.
- Develop common values and principles for collaboration and embed collaborative approaches from the outset.
- Actively promote co-production and co-design with communities, to avoid top-down models.
- Use the VCFSE as a bridge to community insight. Use trusted relationships and local intelligence to inform system priorities.
- Include VCFSE in data and intelligence sharing.
- Align strategic plans with VCFSE strengths and reach.
- Use evidence of community impact and cost savings to influence strategic decisions.

### Amplify Voices

- Ensure diverse voices are heard and included in commissioning.
- Recognise lived experience as professional expertise in service design and delivery.
- Build capacity for influence via training and mentoring.
- Establish community-led panels and feedback loops to shape local priorities.
- Support and mentor peer advocacy and community connectors to amplify seldom-heard voices.
- Celebrate community champions to inspire and build local pride.
- Use accessible communication methods to engage all groups effectively.
- Invest in Grassroots Storytelling: Support community members to share lived experiences through digital storytelling, exhibitions, and local media.

### Collaboration

- Recognise collaboration and co-production as an investment in long-term partnerships and mutual respect.
- Support innovation and allow for adaptive approaches that respond to emerging community needs.
- Facilitate regular cross-sector forums, joint training, and reflective practice spaces.
- Resource trusted VCFSE organisations to act as convenors, connectors, and facilitators.

### Investment

- Fund the coordination role - the “invisible glue” that holds partnerships together.
- Co-ordinate investment to reduce duplication.
- Allow time for effective partnership working that builds trust. It’s not always the cheaper option, but it’s inclusive, relational, and builds lasting change.
- Value and invest in place-based groups that hold trusted relationships in communities.
- Develop flexible funding models and streamline processes to free up time for delivery and relationship-building.

# What Next?

Keeping the momentum going.

“The difference this time is that the conversation won’t end here.”

## **The DVA Conference 2025 was a starting point - not a conclusion.**

Turning the insight and energy of the day into tangible progress requires shared ownership from all partners.

### **Next Steps**

- Actively engage with existing transformation groups to align efforts, share learning, strengthen collective impact, maintain momentum and accountability.
- Host follow-up workshops and shared projects in 2026 to track progress and measure the impact of partnerships formed.
- Pilot joint neighbourhood projects, co-designed by VCFSE, NHS, and local authorities to clearly identify the value and impact of the VCFSE.
- Address and be guided by the full list of Conference delegate’s questions to the panel.

### **Making It Work**

- Secure sustainable funding aligned to long-term health and wellbeing outcomes.
- Develop joint training, and communication channels between VCFSE and NHS staff.
- Embed lived experience into every design process – not as an afterthought, but as central evidence.

### **How else can DVA help?**

- Advocate for VCFSE inclusion in financial and strategic planning.
- Provide evidence of cost savings to influence investment decisions.
- Continue to be the connector and facilitator for Derbyshire’s VCFSE and communities.





# Conclusion

Neighbourhood working will only succeed if the VCFSE is recognised, resourced, and embedded as an equal partner.



The DVA Conference 2025 confirmed that a neighbourhood-focused, community-led approach is both essential and achievable when we work together with purpose, trust, and shared values. It revealed a strong appetite for collaboration, with lived experience and community voice driving meaningful change.

The VCFSE sector brings trusted relationships, deep insight, and preventative support that statutory services cannot deliver alone. With sustained investment and genuine partnership, we are ready to lead in building healthier, more resilient communities and a sustainable health and care system.

We are committed to cross-sector collaboration that strengthens, not duplicates, existing transformation efforts. We will work alongside established mechanisms, sharing learning, amplifying impact, and co-designing solutions rooted in local strengths and shared priorities.

