



## The SAWN Advantage - Neighbourhood Health

NAVCA's new report on Neighbourhood Health, grounded in the lived experience of NAVCA member local infrastructure organisations (LIOs), and ICS-VCSE Alliances (of which VIN on behalf of the SAWN Partnership in West Northamptonshire contributed) illustrates beyond doubt the advantages of including LIOs within a process of Community Based Investment. All Too often the report notes, neighbourhood working is shaped by system boundaries rather than community realities. VCSE organisations are brought in late, funding is short-term and unstable, commissioning remains complex and exclusionary, and community insight is undervalued. The result is neighbourhood working that improves coordination within the system but misses the opportunity to build long-term community health and resilience.



**Where LIOs and VCSE leadership are properly supported, the difference is clear. Trusted local infrastructure connects organisations together, so people get the support they need earlier. It makes sure support reaches those furthest from statutory services, enables trauma-informed and**

**culturally competent approaches, and brings real community intelligence into decision-making. Neighbourhood health works best when it is powered by relationships, trust, and lived experience and not just structures, architecture and governance.**



**SAWN (the Partnership of SNVB and VIN) share the thought process of NAVCA and other infrastructure organisations across the UK and believe that certain issues must be addressed:**



**Build a shared local understanding of neighbourhood working.**

Partners across health, local government and the VCSE need a clear, co-designed understanding of what “neighbourhood” means locally, rooted in how communities define place, not just administrative boundaries.



**Set out a roadmap for VCSE involvement.**

Local VCSE input must be explicit across neighbourhood, place and system levels, with LIOs supported to coordinate engagement and ensure diverse voices shape priorities and delivery.



**Improve communication with LIOs and ICS-VCSE Alliances.**

Consistent, two-way engagement is essential to ensure community insight informs strategy and decision-making at every level.



**Make investment multi-year and flexible.**

Short-term, stop-start funding undermines trust and impact. Stable investment in both VCSE delivery and local infrastructure enables prevention, innovation and continuity.



**Align neighbourhood health with local economic development.**

Investing in VCSE-led neighbourhood working strengthens local economies, builds social capital, and tackles the root causes of poor health.



**Recognise LIOs and Alliances as strategic leaders in prevention.**

Their networks, convening power and insight make them essential partners in early intervention and community-led health creation.



**Reform commissioning to enable equitable access.**

Simpler, proportionate commissioning (including grants and collaborative models) is vital to enhance the contribution of smaller more local VCSE organisations.



**Invest in shared intelligence systems.**

Community-held insight must sit alongside clinical and system data, with two-way data flows that inform neighbourhood plans and strategic commissioning.

SAWN states:

**“Neighbourhood working is a true and real opportunity to move from reaction to prevention, but only if we think less about systems and more about how changes can be rooted within communities. SAWN has a conduit into communities, people and beneficiaries through our local VCSE, which includes the myriad number of Faith Groups working to address inequality. LIO’s should be integral to the process of People and Place.”**