NEIGHBOURHOOD HEALTH FROM THE GROUND UP

A COMMUNITY-LED APPROACH TO REDUCING HEALTH INEQUALITIES

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GROWING LIVES AND COMMUNITIES

Coventry City Council

COMMUNITY FUND

NHS

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Introduction

Why this guide – and why now?

Across the country, neighbourhoods are being recognised as vital building blocks of a healthier, fairer society. At the same time, there's growing recognition that, if we want to improve health and reduce inequalities, we need to fundamentally change how our health system works with communities.

This shift is increasingly reflected in national policy. The UK Government has called for the development of a 'Neighbourhood Health Service'[1] – one that moves health into communities and focuses on prevention, integration, and the wider determinants of health[2]. In early 2025, national guidance was released to support local systems in turning this ambition into reality. At its heart is the ambition to shift care closer to home, tackle health inequalities, and build a more relational, integrated system – one that works *with* communities, not just *in* them[3].

But translating this ambition into practice raises important questions. What do we mean by a neighbourhood? What does it take to work *with* communities as equal partners? And what kinds of power shifts, decision-making structures, and partnerships are needed to genuinely improve and tackle inequalities?

This guide offers a practical response to these questions. It draws on four years of learning from Willenhall, a neighbourhood in Coventry with some of the highest levels of deprivation and health inequality in the city. Through the Healthy Communities Together (HCT) programme, partners from the NHS, local government and the voluntary and community sector have worked alongside local residents to develop new ways of improving health.

We don't present a blueprint or a step-by-step model. What we share here are foundations – the building blocks of a community-led model of neighbourhood health, shaped by our experience, grounded in the many relationships that were formed, and unique to Coventry. It's an honest account of the challenges, tensions and breakthroughs involved in doing this work well. At its core is a shift: it's about working with citizens at a neighbourhood level to shape the conditions for better health. This is neighbourhood health from the ground up.

Why community-led neighbourhood health matters

Despite decades of effort and policy attention, health inequalities remain deeply entrenched — and in many cases are widening[4]. Traditional, service-led approaches have often failed to meet the complexity of local contexts. These approaches are often shaped around organisational priorities rather than lived experience, offering predefined solutions to messy problems shaped by their social, relational and local context. As one partner from Coventry and Warwickshire ICB put it, "We've been talking the talk on inequalities for a long time, but we're still not making a difference."

A community-led model offers a different way forward. It's premised on the idea that health is not just clinical — it is social, collective, and influenced by people's agency and ability to act on the things that matter to them. As the NHS Confederation has argued, "what drives service demand and health inequalities sits outside the power of our current health services to influence."[5]

Our learning in Willenhall shows that approaches that build community power can help rebuild trust in services, strengthen social infrastructure, and engage communities that public services often struggle to reach. In this way, community-led neighbourhood health offers significant potential for tackling health inequalities.

As national efforts to build a Neighbourhood Health Service gather momentum, there is a risk that new structures simply replicate old ways of working — rebranded but not transformed. The challenge is to ensure that this agenda doesn't remain a top-down exercise, but instead harnesses the power, insight, and leadership latent in communities. Whether it's a resident organising others to reclaim public space, a support group tackling loneliness, or a GP working relationally to build patient agency, the community-led model we share here offers one possible response.

Introducing the Community-Led Neighbourhood Health Model

The model informed by the learning from the Healthy Communities Together programme is not a codified, replicable model, but a set of building blocks shaped by our lessons from working in a cross-sector partnership with communities in Willenhall.

The model is built around three interdependent building blocks:

- Working at a hyper-local scale
- Building agency and community power
- Combining community power with public services

The following chapters explore each of these three elements in more depth, drawing on four years of learning from Willenhall. Each chapter sets out key principles, shares practical insights, and features a case study to bring the work to life.

We also include a final section reflecting on the wider system conditions needed to support and sustain this kind of model. This includes investing in local infrastructure and leadership, enabling frontline professionals to work relationally, supporting genuine community participation, providing flexible funding, embedding neighbourhood-level teams, and creating space for honest cross-sector dialogue. These shifts are essential to embed community power within local systems and deliver on the ambition of a neighbourhood health service.

Building Block 1: Work at a Hyper-Local Scale

What it is

Working at a hyper-local scale means focusing on neighbourhoods that are recognisable and meaningful to residents – tangible places where people live, interact, and identify with. In practice, this involves engaging the whole local system at a neighbourhood level, starting with existing assets, relationships, and lived expertise. It also means investing in local leadership and infrastructure that are embedded in, and accountable to, the community.

While we don't want to be overly prescriptive, hyper-local geographies typically refer to populations of around 1,000–10,000 people – rather than the 50,000 scale often cited in discussions about Integrated Neighbourhood Teams. Neighbourhood boundaries can vary from person to person and place to place, but in practice they often align with areas between a Lower Super Output Area[6] and a local authority ward[7]. Willenhall, the community at the heart of this programme, is home to around 7,000 people – and this felt towards the upper end of what still functioned as a coherent neighbourhood system.

Hyper-local work builds from the assets that are already there: trusted community organisations, local leaders, physical spaces, mutual support networks, and the unique configuration of statutory and voluntary services that shape daily life.

Why it matters

Neighbourhoods are where people experience both the challenges and opportunities that shape their health. As the NHS Confederation puts it: "People understand their neighbourhood. It is the scale at which people can organise – fostering participation, cohesion, and joint problem solving."[8]

Evidence increasingly supports this view. Neighbourhoods powerfully shape social determinants of health, influencing everything from access to care and green space to social connection and economic opportunity[9,10].

Neighbourhoods shape these determinants through unique configurations of the:

- The i nstitutional environment (e.g. availability and quality of services)[11,12]
- The physical environment (e.g. housing, green space, air quality, infrastructure)[13,14,15]
- The socio-economic environment (e.g. poverty levels, crime, social infrastructure)[16,17,18]

In turn, these environments influence health outcomes such as increased risks of chronic diseases[19], worse mental health[20], and higher mortality[21]. Research into these "neighbourhood effects" suggests that small geographical areas are often where the most significant impacts on health and wellbeing occur[22].

Focusing on the hyper-local level also creates the conditions for people to participate in shaping responses to local challenges. As the Neighbourhoods Commission notes: "Neighbourhoods are areas where a sense of community and belonging can be fostered, creating an emotional connection that can encourage people to mobilise."[23] In other words, it is a scale that supports the trust-building, relationship-based work that is needed for community-led change.

What we found

Hyper-local approaches meet needs in accessible and responsive ways

In Willenhall, we saw how small-scale, relational work enabled communities to identify and respond to local needs in ways that statutory services often could not. The Willenhall Men's Support Group is one such example. Sparked by conversations among men facing loneliness, mental ill-health, and a lack of support, the group formed with support from HCT. It has since grown into a vital network of peer-led support – one that reaches those who might otherwise never walk through the door of a formal service.

Similarly, *The Net* – an informal network of local organisations and community members – has created a responsive, hyper-local web of support rooted in relationships and local knowledge. As the local GP explained: "The Net is a more hyper-local resource of support and things that are available here, which is better because sometimes the things we offer through social prescribing are too far away for people."

Neighbourhood pride can be a powerful lever for change

Early work in Willenhall revealed some initial defensiveness when discussing local inequalities – residents were wary of being "told" about the problems in their community. But conversations also revealed significant pride in Willenhall. Edwin, HCT's Community Organiser, explained: "It was really interesting that lots of people, when I asked what they loved about Willenhall, said they didn't love anything. But when you'd ask what they'd change, they start telling you all the things they love about Willenhall!"

This pride quickly became a strength. People cared deeply about their neighbourhood, and this sense of ownership helped mobilise them and catalyse action. One example is the campaign to rejuvenate Brookstray Park – the only significant green space in the area, long neglected and symbolic of wider disinvestment. After more than 1,000 doors were knocked and hundreds of conversations held, residents named the park as a top priority – leading to the formation of the Friends of Brookstray Park and a growing movement for local change.

The system often struggles to see or support hyper-local efforts

While the benefits of hyper-local work were clear on the ground, we found the wider system wasn't always able to recognise or resource this scale of activity. Referral pathways, commissioning models, and evaluation frameworks often did not accommodate small, informal, or relational initiatives – even when those initiatives were having profound impacts.

"We've got some amazing community initiatives happening but often they're not seen as legitimate because they're not validated, they're not tested," the local GP said. "But we know they're having transformational effects on people's lives."

This creates a tension: community initiatives benefit from being nimble and outside the formal system, but that same distance often prevents them from receiving sustainable support. "It was like plugging an EU plug into a UK power socket," recalled Clare, CEO of Grapevine, one of the core partners of HCT.

One way to overcome this disconnect is by working through trusted local institutions – such as the local GP surgery – which are rooted in the neighbourhood and recognised by both residents and the wider system. These organisations were able act as brokers or bridges, helping formal services connect with local people and informal groups in ways that feel legitimate and accessible to all sides.

CASE STUDY: WILLENHALL MEN'S SUPPORT GROUP

A lifeline after crisis

When Dave left hospital after a serious car accident, he found himself struggling — not just with his injuries, but with his mental health and a deep sense of isolation. "I had a complete mental breakdown," he recalled. "There was no support for me, and I needed that support."

That's when he came across the Willenhall Men's Support Group — a newly formed peer group for local men facing similar challenges — and it proved to be the lifeline that Dave had needed.

A consistent, peer-led space in the heart of the neighbourhood

The group meets every week at the Hagard Community Centre, right in the heart of the neighbourhood. It's open to all men living in or near Willenhall. Some attend every week, others drop in when they can. No one is chased, and no one is turned away.

"When crap happens, you think it's only you. You're on your own and no one gives a monkey's. Then you come to a group like this and find out it isn't only you," one member explained. You won't get struck off for not showing up, nor banned for 'acting up'. The lads will try to understand where you're coming from. They might tell you to pull yourself together — but they'll give you a hug afterwards.

The group formed in response to a need — not just for services, but for community. For many of the men — working-class, often living

alone, and sometimes hesitant to engage with formal mental health support — it offered something different: a place where they felt heard, safe, and understood. "It's a space that always gives you a warm welcome, no matter what state your mental health is in," HCT's Programme Manager explained.

The group is entirely peer-led. The men run the sessions themselves and maintain a lively WhatsApp group that operates 24/7. It's a space for banter, but also a lifeline. "For a lot of people with mental [ill] health, it's in the darkest hours of the night when we need someone," Dave said. "There's always someone awake."

While the group is peer-led, it's not disconnected from the wider system. A local mental health nurse occasionally drops in, offering advice and a link to more formal care if needed. Many of the men are patients at the same GP surgery, where their doctor has noticed the change. "The Men's Support Group has been a really positive thing from my experience. I've seen them really flourish by taking leadership roles, by having this new community," she said. "They've been able to regain power over their own mental health journey." Another steady presence has been Edwin, HCT's Community Organiser. He doesn't attend every session, but shows up when he can and offers one-to-one support outside of meetings — helping to build trusted relationships. These light-touch connections — to professionals, community organisers, and GPs — have helped the group stay grounded in the community while remaining connected to wider support if needed.

Importantly, the group doesn't depend on professionals. They rely on each other. "The leadership are all people who are dependent on this," said one member. "The guys are personally and deeply committed — for their own sake, and for the sake of other guys."

A lasting impact on lives and the system

The difference the group has made has been transformative. Members speak of how isolating it was to live with mental ill health before finding the group and how their mental wellbeing has improved. "I'm getting through it with support from the lads," explained Dave. "When you understand your problems, you learn to deal with them. I've learnt from the lads, from listening to them. I didn't understand patterns in myself before."

Several men even said plainly that the group saved their lives. " Coming to this group has saved me in a huge way," one said. "Because I've been able to open up to the guys about how I'm feeling. And they've listened to me — and I've always found that not many people do listen."

Many now describe themselves as calmer, more in control, and more connected. Some have reduced their medication. Others visit their GP less frequently. The local GP shared the story of one patient she used to see every other week but who hadn't been in for over a year. "He made an appointment just to say how well he was doing and tell me that he'd lost loads of weight and was thriving within that community."

At its core, the group offers something that statutory services often can't: sustained, informal, hyper-local support from people who've been there too. "To be fair, no statutory service is going to say, 'the people you're dealing with today will still be the people you're dealing with in two years' time,'" said one member. "Whereas in the group, that's the case. What people need is friends. Friendship."

Building Block 2: Building Agency and Community Power

What it is

Agency is the sense that people have the power to act – whether that's improving their own lives or organising to change what's around them. In Willenhall, we often heard people express a sense of powerlessness, believing that "nothing will change" and that power lies with the authorities. Indeed, only 24% of residents of Willenhall and Binley believe that there are opportunities to get involved in improving their community, considerably lower than Coventry (38%)[24]. But we also saw how building individual and collective agency helped people take charge of their health and their community.

At the *individual level*, it involves supporting people to build confidence, hope and purpose; to recognise their own strengths; and to make decisions that align with what matters to them. At the *collective level*, it means helping people connect with others, take action on shared priorities, and influence systems that affect their lives. In Willenhall, this meant enabling community-led groups to form, organise, and negotiate with public services on their own terms.

Community organising was a core approach in Willenhall, but other methods – like asset-based community development, relational and strengths-based practice and approaches that build purpose and confidence – are also needed. What matters is a long-term commitment to – and investment in – the power of people and places.

Why it matters

Power is a fundamental driver of health. Unequal power leads to unequal outcomes: communities with less power face structural barriers like poor housing, insecure work, limited access to care, and a lack of social infrastructure – all of which drive health inequalities[25,26].

People with higher individual agency – the belief that they can influence their lives – are more likely to make health-promoting choices, cope with adversity, and engage with support services[27,28,29]. Communities with greater *collective* agency – the belief that "together we can make a difference" – are more resilient in the face of public health crises, economic shocks, and social challenges[30]. Research links collective efficacy to reduced violence[31], improved mental health[32], and stronger early child development outcomes[33].

Power is thus both a health determinant and a health enabler. If we are serious about reducing health inequalities, we must work not only to meet people's needs, but to grow their ability to act – individually and collectively – on the things that matter to them.

What we found

Relationships are key for growing agency

In Willenhall, we saw clearly that trust and relationships were the foundation for building both personal confidence and community leadership. Having the capacity to meet with people one-to-one, over a period of time, to listen without pressure or agenda, helped build trust and created the space for different kinds of conversations and actions to take place – the kind that simply aren't possible in more transactional or time-limited models of support. As one practitioner put it: "It really is about relationships. People think it's all that fluffy stuff but it isn't. Relationship building is where we can really get to know and understand each other."

We also found that sharing stories was a powerful way to build trust. In Waka Waka, a local women's fitness group, members began to open up and share their stories – from mental health challenges to isolation and low confidence – helping create a sense of trust and emotional connection. Over time, Waka Waka became much more than an exercise group – it became a space of mutual support, where women felt safe, seen, and empowered to support each other.

Investment in community capacity and infrastructure is essential

One of the clearest lessons from HCT's work in Willenhall is that you need to build the capacity for community action. In Willenhall, many residents hadn't previously seen themselves as leaders. Taking action – whether running a campaign, setting up a support group, or approaching the council – was unfamiliar and often intimidating. But with the right support, they began to step into new roles and take collective action.

The campaign to revitalise Brookstray Park shows what this can look like. Residents were frustrated by the state of the park, but didn't think they had the power to bring about change. Through support from HCT's dedicated community organiser, they led door-knocking and one-to-one conversations, identified shared priorities, and formed the Friends of Brookstray Park. They've since mobilised hundreds of local people, secured funding, and begun influencing local decisions – an example of community power taking root.

Trusted Community Organisers played a key role in building this capacity. In 2 years of organising in Willenhall we have knocked on 1000+ doors, run 10s of surveys and held 100s of one-to-one conversations. But so too did physical spaces, like the local community centre, which provided the social infrastructure for connection and organising. This is particularly important because neighbourhoods like Willenhall often lack the social infrastructure that more affluent neighbourhoods have. As the Neighbourhoods Commission found recently, "areas that lack social infrastructure perform significantly worse than other areas".

It takes time – especially in places where power has been eroded

"This work demands patience", Edwin, HCT's Community Organiser, explained. In communities like Willenhall, long histories of neglect and marginalisation meant that trust in services was low and scepticism high. Change happened slowly, through consistent

presence, door-knocking, listening events, and follow-through.

When HCT began working in Willenhall, the starting point was often cynicism – not because people didn't care, but because they had seen initiatives come and go, promises made and broken. Rebuilding trust required sustained presence, not one-off engagement. It meant showing up consistently, listening deeply, following through and allowing residents to lead at their own pace.

This long-term approach was not always easy to align with system expectations. Public services often operate on shorter cycles, with pressure for visible outcomes and value-for-money. But it takes years, not months to build the kind of trust and relationships that allow people to believe they can lead change. "For me, the most frustrating thing is seeing how long it can really take to bring a community together and make change," Edwin shared, "and you don't usually have that time."

Sharing power can be messy – and doesn't always fit system expectations

Genuine community-led work requires sharing power – between practitioners and patients, and between systems and communities. It means allowing residents to shape priorities, pace, and process. In Willenhall, this created real energy and ownership – but it also surfaced tensions with public sector systems more accustomed to structure and predictability.

At times, community priorities didn't align with expected health or service outcomes. Some groups focused on things that wouldn't usually appear in a strategic plan – like revitalising a local park – but which made sense locally and built momentum. It might not lower A&E admissions tomorrow, but it builds connection, activity, and pride – all of which influence long-term wellbeing. "We probably all knew, but this work has reinforced that community work is unpredictable," reflected one HCT team member.

For system partners, that unpredictability can be uncomfortable. Letting communities lead asks professionals to hold uncertainty, slow down, and prioritise relationships over delivery. It's a cultural shift that challenges command-and-control habits and calls for a different kind of leadership: enabling, listening, and sometimes following the lead of others.

CASE STUDY: WILLENHALL COALITION

From "nothing will change" to making change

"'Nothing is going to change.' I heard this over and over again," recalled Edwin, HCT's Community Organiser in Willenhall. "One man said to me: 'Edwin, you are a very good guy. But how long do you have here?"

Beneath the surface of polite chats was a sense of powerlessness — a belief that not only was change unlikely, but that local people had no role in making it happen.

Over two years, Edwin walked the streets of Willenhall, listening to what mattered to people. He knocked on more than 700 doors, held hundreds of one-to-one conversations, and slowly built trust. Through those relationships, a different picture began to emerge. People wanted change — they just didn't believe it was possible.

Building community power through organising for change

What followed was the formation of the Willenhall Coalition: a group of local residents brought together to decide what they wanted to change — and how. From an initial list of ten priorities, the group voted to focus on two neglected but vital community assets: the local community centre and the only park in the area, Brookstray Park. Members decided that by focusing on community assets like the park, they could help people improve their physical and mental health, create a space for social interaction, build a greater sense of community and support local children and their families.

While the community centre group eventually fizzled out, the park group gained momentum. Brookstray Park had long been a symbol of neglect and under-investment: the only swing had been broken for years, the grounds were vandalised and run-down.

The group renamed itself the Friends of Brookstray Park and formed an unincorporated association to act as a vehicle to nurse the park back to life, grow and develop it, and secure its future. Then, they started organising.

Most of the twelve members had never taken part in anything like this before. But slowly, through door-knocking and organising, and with the help of Edwin, the group began to shape a new vision. They knocked on more than 1,000 doors and collected over 500 responses to a community survey about what residents wanted to see. Residents expressed overwhelming support for an improved park. Out of the listening campaign, a vision was created of a multi-use space with gym equipment, space for teenagers, and safe areas for children to play — a park that could be used and owned by everyone.

Edwin's role shifted from organiser to coach — walking alongside the group, helping build confidence, leadership and organising skills. "Most of the work became about empowering the group, walking with them and building their confidence to make change," he said. "They didn't believe they could do it at first. They thought we'd bring the funding. But we weren't there to do it. We were there to support them to realise they had the power to do it themselves."

A beacon of change for the community

Eventually, their efforts paid off. The Friends of Brookstray Park are likely to secure over £300,000 of investment to revitalise the park. They received the support of Coventry City Council's Parks and Community Resilience teams. But the most powerful change wasn't the

new equipment for the park or support from the council — it was the transformation in the group itself and the impact on the wider community.

From residents who didn't believe change was possible, the group had become confident advocates for their community. They now engage directly with council officials, submit proposals, and challenge delays. When they felt that the presence of a supportive local councillor was making the meetings too political, they set a new ground rule: if we need you, we'll invite you. It was a subtle but powerful shift. They began to see themselves not as recipients of support, but as leaders in their own right and a signal to the rest of the community that change is possible.

"It wasn't just about the park," Edwin reflected. "It was about building power and helping them realise they have the power to make change."

CASE STUDY: WAKA WAKA FITNESS

A Waka Waka women

"When most people hear 'Waka Waka,' they think of Shakira's song," says Dorothy, founder of Waka Waka Fitness. "But in Pidgin, a Waka Waka person is someone who moves up and down, tirelessly and endlessly." The name also captures both the energy and endurance behind the community exercise group Dorothy leads — and the journey she took to get there.

A Cameroonian refugee living in Willenhall, Dorothy, like many of us, had a gym membership she rarely used. In two years, she'd been just five times, Dorothy recalled. The problem was that the gym was miles from her house. There was nothing local. No gym, no exercise classes, no outdoor equipment. "It just didn't work," she said. "I gave up feeling more discouraged that I couldn't keep up."

When Dorothy met Edwin, HCT's community organiser, it was during a church service — one of the places he regularly visited as part of his efforts to connect with local people and understand the community. Later, they crossed

paths again during a door-knocking visit, and she shared her frustrations with him. "We were both from Cameroon, so there was an immediate connection," Edwin shared. "We got talking, and she told me about her gym experience. I said, 'Why don't you start one here?' And she asked, 'Where do I even begin?' I said, 'I don't know — but I'll help you figure it out.'"

Dorothy took the idea seriously. She began reaching out to friends, inviting them over to talk through the idea. "I even hosted a house meeting, but only two people came," she remembered. "I felt like giving up. But I didn't because Edwin refused to give up on me."

Together, they knocked on doors, handed out flyers, and gradually built momentum. A small group formed. Then another woman joined. Then another. They opened a bank account, put together a funding bid, and secured support to run free exercise sessions in the local Hagard Community Centre.

More than just an exercise group

Waka Waka Fitness now runs two free classes each week — one on Saturday mornings, one on Wednesday evenings — with over 50 members and a regular rotation of attendees. Some sessions draw a dozen people, others more.

But Waka Waka quickly became something more. "I became a Waka Waka woman during the most challenging period of my life," Dorothy says. Dorothy had been through war, the dehumanising UK immigration system, and the loneliness of being moved to a new town with a baby and no support. "But my real Waka Waka moment came when my daughter was being bullied in school. It affected her mental health — and the whole household."

Soon, Dorothy realised that many of the members of Waka Waka — most of whom are migrant women themselves — had personal struggles of their own. They shared their own stories of hardship: housing problems, mental health issues, fear of deportation, the long shadow of trauma. "Who cares about what the scale says when you have such weight on your shoulders?", Dorothy asked.

The group became a space where those burdens could be shared. "People focus so much on exercise to lose weight," Dorothy said. "But we are taking the weight off people's shoulders. Willenhall is full of people carrying both kinds of weight. No one else is dealing with it like we are."

Waka Waka also began organising outdoor sessions and walks, bringing the community together and building connection. This included a hiking trip to the Peak District with 50 people — for many, their first time doing a trip like this. "Our outdoor sessions give us space to talk, to listen, to build trust and friendship," Dorothy said. "That's what strengthens the bond between us."

Becoming a community leader

For Dorothy, the change has been profound. She went from barely using the gym to leading every Waka Waka session for 18 months. She now sees herself — and is seen — as a community leader.

"Being a community leader is someone who brings people together," she said. "Most of the women in the group, I didn't know before. [Now] I call them and check how they are doing. It's good for our mental health. Some people are so isolated."

The impact has been felt across the community. Waka Waka now receives referrals from the GP surgery and its approach is recognised by local professionals. "We've got some really good things in our community like Waka Waka," one local GP said. "The friendships and social connections built there will last far beyond a traditional weight management course."

Building Block 3: Combining Community Power with Public Services

What it is

To unlock the full potential of communities to improve health, we must combine community power with public services, so that it works in and alongside public services. This involves building both informal and formal links between public services and community initiatives, so that action is rooted in both relationships and service pathways.

This means developing mechanisms and infrastructure in public services that support community-led action. It means empowering local leaders and frontline professionals to shape work together in response to what they hear on the ground. And it means communities that are powerful enough to influence decisions.

This isn't just about joining up health and care services. It's about connecting the whole local system – from GPs and libraries to grassroots groups and residents – around shared priorities in a particular place. Shared neighbourhood infrastructure plays a vital role in making this possible: tools like micro-grants, flexible funding, and trusted community-owned forums like *The Net* help create a local system that is responsive, collaborative, and accountable to the people it serves.

Why it matters

Combining community power with public services is vital to reducing health inequalities and building a more effective, trusted, and preventative health system. Evidence shows that community-powered approaches are particularly effective in reaching people who are often missed by formal services[34,35,36]. These models can help counter the inverse care law, whereby those with the greatest health needs are often the least likely to receive appropriate support[37].

It also builds trust with local services[38,39,40]. Trust is a key driver of engagement. Long-term engagement – as shown in trauma-informed community work and neighbourhood-based health models – leads to greater reach, uptake, and impact of health interventions[41].

There's also a growing body of evidence showing that community-led approaches can reduce pressure on acute and emergency services. In East Staffordshire, social prescribing led to a 26% drop in clinical interventions[42]. In Frome, a community development model was linked to a 14% reduction in emergency hospital admissions and a 21% cut in healthcare costs[43]. And a community health worker model developed in Brazil – and since adapted in Cornwall and Westminster – has led to a 34% drop in cardiovascular

deaths, increased vaccination rates, and fewer GP visits[44]. While HCT didn't set out to track service reductions in Willenhall, we saw signs of similar impacts with numerous men from the Men's Support Group reporting fewer visits to the GP.

What we found

Collaboration often relied on individual champions

In Willenhall, many of the strongest examples of joined-up working came from individual practitioners who built trusted relationships with community groups. A local mental health nurse supported the Willenhall Men's Group and acted as a direct link to clinical services, giving the group confidence that professional support was available when needed. Similarly, a local GP developed strong ties with grassroots initiatives, acting as a broker between residents and the wider health system.

But while these partnerships were powerful, they were fragile too. They often depended on the values and discretion of individual staff, supported by enabling managers. Without formal recognition or resourcing, they were vulnerable to staff turnover, competing pressures, or lack of wider system buy-in.

Formal connections were harder to build

Efforts to formalise collaboration between communities and the system often ran into structural barriers. Many stemmed from a mismatch in scale – with NHS services designed to operate at city or regional level, while community-led initiatives functioned at the neighbourhood or hyper-local level.

We saw how professionals faced practical constraints. Rigid job descriptions, stretched workloads, and centralised delivery models left little time or flexibility to work relationally.

And current accountability frameworks struggled to recognise the value of informal, community-led initiatives, making it harder to justify investment and involvement or demonstrate impact. "Some of the really good things we've got in our community, like Waka Waka, because they're not a statutory service, me referring there wouldn't be recognised," the local GP explained.

Laying the groundwork for collaboration

Creating genuine partnerships between communities and public services requires investment on both sides. Community-led approaches can't succeed if services aren't equipped to listen, adapt, and respond, or if communities are expected to step into system processes without support.

In Willenhall, HCT tested a model called *3 Big Conversations* – a neighbourhood-based engagement model designed to bring residents and service leaders together to identify local priorities and co-produce responses. It aimed to create a shared agenda through a series of facilitated conversations, feedback loops, and follow-up action. While well-intentioned, the process struggled to gain traction. Partly, this was due to

structural limitations: the system lacked mechanisms to act on what it heard. But there were also challenges on the community side — including limited understanding of what influence was possible and a lack of understanding of their own power and ability to engage as equal partners.

Shared infrastructure helps connect the system locally

One promising approach was *The Net* — a neighbourhood-owned forum that brought together community groups, voluntary organisations, and public services like the GP practice and local library. It created space for relationship-building, information-sharing, and mutual awareness, helping to foster a shared understanding of what support was available in the area. For frontline practitioners, it also offered a clearer route into the local community landscape, making it easier to connect people with trusted, often informal sources of support.

What made The Net effective wasn't a complex governance structure — it was the simplicity and trust at its core. Regular communication, a shared WhatsApp group, and a sense of collective responsibility allowed it to function as *neighbourhood infrastructure* without becoming bureaucratic. It showed how lightweight, relational infrastructure can act as a bridge between formal services and community-led support.

CASE STUDY: THE NET

"I didn't know who to turn to"

When Kate walked into the Hagard Centre in Willenhall, she wasn't sure what kind of help she needed — only that she and her autistic teenage daughter, Olivia, were struggling.

Kate was looking for ways to support her daughter's social and emotional wellbeing, as well as opportunities for herself to connect with others who understood her experiences as a carer. But she didn't know where to turn. Kate felt isolated and overwhelmed by a complex and often opaque system of care. What she didn't expect was that one conversation would open the door to a web of local support.

A hyper-local network of support and knowledge sharing

The support Kate received came through 'The Net' — a hyper-local, informal network of community organisations, public services, and neighbourhood groups in Willenhall. The Net brings together libraries, churches, a GP practice, food banks, community organisations, and local community centres like the Hagard, all connected through WhatsApp and personal relationships.

The Net started with a simple but powerful idea: people on the ground already know what residents need — and if they're connected, they can respond faster and more meaningfully than traditional systems allow. The success of The Net is its 'structured informality'. "The whole point of it is to be informal," Janet, HCT's Programme Manager, explained. "No waiting lists, no referrals. This is about

community for very, very local people. As soon as you put a process in place, someone has to manage it."

The Net started gathering monthly. These sessions helped break down silos, avoid duplication of effort, and build a living map of local support that residents could be signposted to. Over time, the meetings helped create a shared infrastructure that makes the local system visible to itself and connects it.

At the heart of this approach are two key assets. The first is a regularly updated, publicly available directory of support available in Willenhall. The second is a WhatsApp group with members of local public service and community organisations. This channel enables quick, personalised responses to residents' needs and allows for the sharing of tailored opportunities, services, and support for residents who connect with The Net.

Infrastructure for neighbourhood support

So when Kate explained her situation to Ben, the manager of the Hagard Centre, he knew where to go. "We took their contact details and said we will find what is available for you and get back to you," Ben explained. "It got put out into the Whatsapp group, where we figured out Kate could go to this parent and carers group, and Olivia could go to these arts and crafts classes, which we'd identified she'd be interested in." The Net also facilitated a trained safeguarding officer for the arts and crafts group, which didn't exist previously.

What might have once been a long and frustrating journey through disconnected services became a fast, informal, and tailored response — powered by local people who knew what was available and trusted each other to help.

Kate and Olivia's story highlights what can happen when public services and community organisations are connected not through contracts, but contacts. By bringing together and building relationships with people working in community organisations and public services operating in a specific neighbourhood, The Net acts as a local layer of shared infrastructure that helps the system work as a system, at a human scale.

For Kate and Olivia, it meant finding help close to home. For those behind The Net, it shows what's possible when we invest in the connective tissue of communities: relationships.

Creating the Conditions for Community-led Neighbourhood Health

Building neighbourhood health from the ground up won't happen by itself. It requires deliberate action to create the conditions. Based on insights from the HCT programme – and the barriers and enablers we encountered – we've identified six system conditions that can help make community-led neighbourhood health a reality.

1. Invest in neighbourhood infrastructure and capacity

Community-led neighbourhood health needs more than integrated local services – it needs long term investment in the relationships, assets, and capabilities that enable communities to take action themselves. That includes physical infrastructure like community centres and shared spaces, but also the time, people and support to nurture local leadership and build collective power.

Key enablers include:

- Building community capacity by supporting people to organise, lead, and take action.
- Social infrastructure that provides spaces to meet, organise, and support one another.
- Anchor institutions (such as community centres, GPs surgeries, or local charities) provide connection, credibility, and local convening power.

2. Empower frontline professionals to work relationally and lead locally

The people who work closest to residents – health practitioners, community workers, and others – are often best placed to build trust and spot opportunities for change. But they need the time, flexibility, and permission to work in a relational way and to lead from the ground up.

Key enablers include:

- Giving practitioners time and autonomy by designing roles and delivery models that allow for deep listening, relationship-building, and flexibility.
- Recognising and rewarding relational skills, local leadership, and community insight.
- Empowering local team leaders and frontline staff to shape local decisions.

3. Create mechanisms for participation and power sharing

Community-led neighbourhood health requires more than listening – it means building structures and relationships where residents help shape priorities, make decisions, and lead change. This is a shift in both culture and power. It asks systems to be transparent about what's possible, to act on what's heard, and to invest in the practical support communities need to lead.

Key enablers include:

- Be honest about constraints and trade-offs to avoid over-promising and maintain trust – particularly when community priorities run up against systemic limits.
- Work with local people to create roles in decision-making, such as community-led panels, budget-setting forums, or neighbourhood assemblies, where residents have a meaningful say in shaping local priorities and services.

4. Provide flexible, accessible funding

Rigid commissioning and siloed funding pots can make it difficult to support informal or early-stage community activity. Community-led neighbourhood health requires funding and accountability mechanisms that are more proportionate, inclusive, and trusting.

Key enablers include:

- Microgrants and small, flexible pots of funding with light-touch governance that is proportionate to the size and risk of funding.
- A willingness to fund relational or process work, not just projects or outputs.

5. Build embedded neighbourhood teams with deep local knowledge

Localised teams that know the area – and are known in return – are vital to a functioning neighbourhood health service. These teams are most effective when they can build long-term relationships, combine local data with community insight, and connect residents with the right support.

Key enablers:

- Cross-sector, place-based teams with a consistent presence in neighbourhoods, rather than rotating or centralised staff who lack local continuity.
- Fostering commitment from professionals to build understanding of and relationships with the communities they are working in, combining available data with insights from residents.
- Using data and population health management to target hyper-local approaches in neighbourhoods facing the greatest health inequalities, rather than everywhere.

6. Make space for honest, cross-sector dialogue

This approach requires different conversations – about power, risk, accountability, and pace. Without space for honest reflection and alignment, well-intentioned work can become siloed, reactive, or tokenistic.

Key enablers include:

- Shared spaces to bring system leaders together to model a culture of collaboration, explore complex issues, and build mutual understanding across sectors and roles.
- Infrastructure that supports the system to convene and connect at the neighborhood level (e.g. such as examples like The Net).
- Foster collaborative ways of working, such as outlined in our Partnerships for Health guide.

About Healthy Communities Together

Healthy Communities Together (HCT) was a national programme funded by The National Lottery Community Fund, delivered in partnership with The King's Fund. It aimed to test how stronger, more equal partnerships between the voluntary and community sector (VCS) and local health and care organisations could improve health outcomes and tackle entrenched health inequalities[45].

With £3 million in grant funding and up to £850,000 worth of support for leadership development and learning, the programme supported five partnerships across England to build sustainable models of community-led health and wellbeing.

Coventry was one of the five areas selected to take part. The Coventry HCT partnership brought together Coventry City Council, Coventry and Warwickshire Integrated Care Board, Coventry and Warwickshire Partnership NHS Trust, Grapevine Coventry and Warwickshire, and Willenhall Primary Care Centre.

Over four years, the partnership focused on the neighbourhood of Willenhall to explore how to create the conditions for more community-led approaches to health. This included cultivating collaborative leadership among residents and professionals, using community organising as a core method, and developing system-wide learning events to mobilise change across Coventry and Warwickshire.

About Willenhall

Willenhall is a neighbourhood of around 7,000 people in the south-east of Coventry[46]. It is one of the youngest parts of the city, with a median age of 34 and over a quarter of residents under the age of 18. It is also one of the most disadvantaged. Nearly all of the neighbourhood falls within the 10% most deprived areas in England, and half of all households live in socially rented housing — the highest proportion in Coventry. Life expectancy in Willenhall is significantly below the city average, with men dying 6.8 years earlier and women 3.5 years earlier. Rates of preventable illness, mental health challenges, and early mortality are all higher than the city and national averages.

Despite this, Willenhall is a proud and close-knit community, with strong local identity and a number of local assets to build from. These include The Hagard Community Centre, Willenhall Library, local churches and schools, and a range of charities and grassroots groups. In recent years, new community-led initiatives supported by HCT — such as the Willenhall Men's Support Group, Friends of Brookstray Park, and The Net — have begun to reshape local infrastructure and support people's wellbeing from the ground up.

Yet for many, opportunities to shape their community still feel out of reach. Just 24% of residents say there are opportunities to get involved in improving their neighbourhood — significantly lower than the Coventry average (38%). This reflects a wider context of exclusion, disconnection, and low trust in public services, which the Healthy Communities Together programme in Willenhall set out to address.

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