

A Community-Led Neighbourhood Health Model

Three Building Blocks for Change

1. Work at a Hyper-Local Scale

- Focus on neighbourhoods that feel real and recognisable to residents – typically 1,000–10,000 people.
- Build from existing assets: local leaders, trusted organisations, shared spaces and relationships.
- Hyper-local approaches can meet needs in more accessible and responsive ways.

Example: *The Men's Support Group: A new neighbourhood-based, peer-led mental health group offering consistent support to men in Willenhall and links to wider mental health services.*

2. Grow Individual and Collective Agency

- Health inequalities are produced by power imbalances – developing people's individual and collective power can help address this.
- People's agency is developed through trusted and empowering relationships.
- Building power takes time and requires dedicated community capacity.

Example: *Willenhall Coalition: Residents were supported to build collective power through a community organising approach. They formed a new coalition, knocked on 1,000 doors, and successfully campaigned to revitalise their local park and take action on wider issues.*

3. Combine Community Power with Public Services

- Community power can help public services increase access for communities they struggle to reach, improve trust, and reduce demand on acute services.
- Maximising community power requires both informal and formal relationships and service pathways that combine it with, in and alongside public services.
- Shared 'neighbourhood infrastructure' – like The Net – can help bring the local system together around a particular neighbourhood.

Example: *The Net: A neighbourhood-owned network of hyper-local support that brought the local system together at a neighbourhood scale through informal cross-sector relationships.*