Higher ambition, faster pace, greater co-ordination:

The political imperative of delivering a neighbourhood health service

FUTURE HEALTH

This report was commissioned by the Independent Commission on Neighbourhoods (ICON) as part of its call for evidence. The work has been undertaken independently by Future Health and the views and conclusions in the report are those of Future Health and should be attributed as such.

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ABOUT FUTURE HEALTH AND THIS RESEARCH PAPER

Future Health is a public policy research centre focused on creating healthier, wealthier people, communities and nations. Future Health publishes regular research papers across its three policy research programmes of health prevention, health technology and the links between improvements in health and economic growth.

This work forms part of Future Health's prevention work programme.

This research report was commissioned by the Independent Commission on Neighbourhoods (ICON) as part of the Commission's call for evidence. ICON was launched with the support of Alex Norris MP, Minister for Local Growth, in September 2024. The Commission aims to address the significant challenges faced in England's most disadvantaged neighbourhoods and how tackling them could generate significant social and economic improvements in the lives that live in them. The initiative aims to build on existing research, generate new insights and propose concrete actions that could improve the lives and prospects of people living in these areas. The cross party commission will consider this research and its findings, before publishing its own final proposals on revitalising neighbourhoods later this year.

More information on the Commission can be found here:

https://www.neighbourhoodscommission.org.uk/

EXECUTIVE SUMMARY

The Government's recently published ten year health plan places a central importance on delivering a new operating model for the NHS, moving from a national to a neighbourhood health service.[1]

Health inequalities between the most deprived neighbourhoods and those in the rest of the country are stark. The number of people reporting that they have a long term illness is on average 14.5% higher in the 150 neighbourhoods with poorest health when compared to the average across all neighbourhoods in England. The number of people reporting that they are in bad or very bad health is also 8% higher.

The Secretary of State for Health and Social Care, Rt Hon Wes Streeting MP has set welcome ambitions for rolling out neighbourhood health centres in communities across the country, starting with those with the greatest health need. Streeting has also set out aims for reviewing funding formulas so that more investment goes to areas with the poorest health.[2]

This research highlights the political imperative of now acting quickly and with ambition on this agenda.

For the Government, close to nine in ten of the 150 neighbourhoods with the poorest health are within parliamentary constituencies currently held by Labour MPs. When looking at the parties who came second in these seats in July 2024, two thirds were from Reform UK, which now regularly leads in the opinion polls.[3]

If the Government is to get re-elected it will need to show voters in these neighbourhoods that reforms to the health service are working, helping accelerate access to care and supporting improvements in wellbeing and health outcomes.

But delivering on a neighbourhood health model is not easy.

It requires new ambition, investment, bolder action on upstream prevention and a revised operating model away from the traditional state and hierarchical models in the NHS to a more collaborative, partnership and community based set of approaches.

The Government's Ten Year Health Plan starts the process of change, but a year in Ministers now need to move far more quickly to make voters feel the benefits of this new service. Plans for 40-50 neighbourhood health centres by the end of the Parliament should be raised, broader cross Government action to tackle the wider determinants of health as part of a mission based approach to governing enacted, funding reviews to tackle health inequalities expedited and guides published that support and enable neighbourhoods to build the new service in collaboration with partners quickly – learning from what is working already in different parts of the country.[4]

1 https://assets.publishing.service.gov.uk/media/6866387fe6557c544c74db7a/fit-for-the-future-10-year-health-plan-for-england.pdf

2 https://www.gov.uk/government/news/landmark-plan-to-rebuild-nhs-in-working-class-communities

3 https://yougov.co.uk/topics/politics/trackers/voting-intention

4 https://hansard.parliament.uk/commons/2025-07-03/debates/DC09ACAA-D05F-4BE8-9517-16A2D53DA49E/NHS10-YearPlan

Getting this right could be the difference in the Government being re-elected or returning to Opposition. A neighbourhood health service is the right model for changing our health service, but voters need to experience and feel the change.

The clock is ticking and there is no time to lose.

SUMMARY OF RECOMMENDATIONS

- Prioritise investments in those areas with poorest health as set out in this report and set clear timelines for when the announced NHS funding formula review will be completed
- Ensure work on developing the Neighbourhood Health Service aligns with and is co-ordinated with wider Government policies in rejuvenating neighbourhoods through the 'Plan for Neighbourhoods'[5]
- Publish a cross government health mission plan that will halve the gap in healthy life expectancy between the different regions of England
- Increase the ambition for the number of Neighbourhood Health Centres to be launched in this Parliament from the 40-50 currently set[6]
- Use the forthcoming delivery plan for the Ten Year Health Plan to set a clear target so that spending moves from hospital to community settings
- Publish a guide to delivering neighbourhood health developed in partnership with local government, the voluntary sector and others to support the effective roll-out and implementation of the service

5 https://www.gov.uk/government/publications/plan-for-neighbourhoods-prospectus-and-tools/plan-for-neighbourhoods-prospectus

6 The Government's 'Plan for Neighbourhoods' identifies 75 neighbourhoods as priorities for investment

BACKGROUND

Our population and our health service are in poor health.

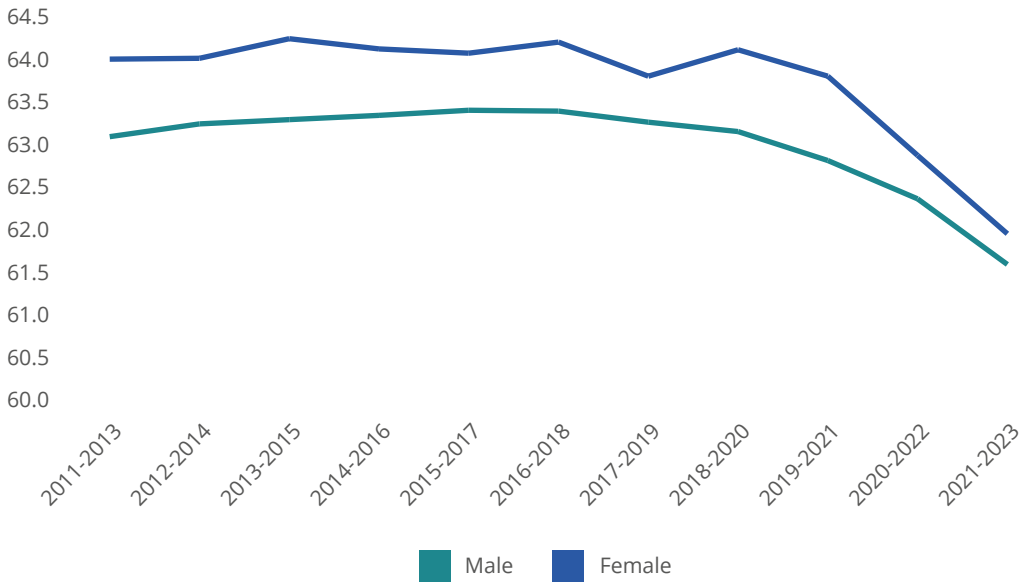
A recent study by the London School of Hygiene and Tropical Medicine commissioned by the Health Foundation revealed 'stark' health inequalities across the UK and poorer health outcomes than a number of other countries.

The research highlighted that UK mortality rates slowed significantly in the 2010s, more than in most of the other countries studied. By 2023, the UK female mortality rate was 14% higher than the median of peer countries and the UK male mortality rate was 9% higher. For both, the gap to the median widened significantly after 2011, and the UK's ranking relative to peer countries has worsened.[7]

The study found that people aged 25–49 have seen a particularly pronounced relative worsening of mortality rates. In 2023, UK female mortality rates for this age group were 46% higher than the median of peer countries, while male rates were 31% higher. Of the other countries studied, only Canada and the US experienced a similar level of deterioration. This worsening of mortality rates is a sign of ill health in the working-age population and acting as a drag on economic growth.[8]

Healthy life expectancy for males and females in England also stalled during the 2010s and then fell sharply during the pandemic.

Figure 1: Male and female healthy life expectancy 2011-2023 in England[9]



7 https://www.health.org.uk/reports-and-analysis/briefings/uk-mortality-trends-and-international-comparisons#despair

8 https://www.health.org.uk/reports-and-analysis/briefings/uk-mortality-trends-and-international-comparisons#despair

9 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/between2011to2013and2021to2023

These national data however hide wide-ranging regional inequalities.

The region with the lowest healthy life expectancy in England is the North East. The male healthy life expectancy rate is 56.9 years and for females it is 57.5 years. This is seven years below the region with the highest male healthy life expectancy rate — recorded in London — and 6.9 years below the region with the highest female healthy life expectancy rate in the South East.

Since 2017-19 the North West saw the largest regional reduction in healthy life expectancy amongst males of 2.6 years, closely followed by the North East which saw a drop of 2.5 years. The largest reductions in female healthy life expectancy were recorded in the South West (2.7 years(and West Midlands (2.6 years). These reductions contrast with London where male healthy life expectancy rose by 0.2 years and where female healthy life expectancy fell by just 0.1 years.

Figure 2: Regional differences in healthy life expectancy across England 2017-2023[10]

The difference in healthy life expectancy between local authorities is even more stark. There is a 17.9 year gap in male healthy life expectancy between Wokingham with the highest rate (69.66 years) and Blackpool the area with the lowest rate (51.75 years). For female healthy life expectancy the gap between local authorities is 18.2 years between Wokingham (70.8 years) with the highest rate and Barnsley (52.6 years) with the lowest rate.

10 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/between2011to2013and2021to2023

Since 2011-13 the difference in healthy life expectancy for females between the local authority with the lowest and highest rates has increased by 2.64 years or 17%. The difference for males has increased by 3.23 years or 22%.

Lord Darzi's independent investigation into the NHS also highlighted some of the main health inequalities that persist across England. These include that in the poorest communities, the depression rate is twice as high, double the number of people were in contact with mental health services, and nearly four times as many people were sectioned under the mental health act as in the least deprived communities. Fewer people also take part in bowel cancer screening — 64% for the most deprived areas compared to 75% for the least deprived — diagnoses are 36% lower, and the mortality rate is 25 per cent higher.[11]

The investigation labelled the system as being in 'serious trouble.' Darzi noted that long waits for treatment had been normalised, Accident and Emergency (A&E) services were in an 'awful state', people were struggling to see their GP, outcomes for major conditions such as cancer and cardiovascular disease had deteriorated and that the NHS was not spending its money where it should, with too much being spent on hospitals and not enough on primary care. Darzi pinned the source of the challenges facing the NHS on austerity, the pandemic, a lack of capital investment, cuts to public health and poor health outcomes, poor patient and staff engagement and the major re-organisation of the NHS as a result of the Lansley reforms.[12]

11 https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf

12 https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf

REIMAGINING THE NHS: THE GOVERNMENT'S PLAN FOR DEVELOPING A NEIGHBOURHOOD HEALTH SERVICE

The scale of the challenge facing the nation's health and health service requires radical action.

The Labour Government has made improving the nation's health and the NHS one of its five missions for Government. Indeed, the health mission calls for 'a total reimagining of the NHS.[13]

The original aim of the health mission was to: 'build an NHS fit for the future: that is there when people need it; with fewer lives lost to the biggest killers; in a fairer Britain, where everyone lives well for longer."[14]

Upon entering Government the priority 'mission milestone' was more narrowly drawn to a focus on 'ending hospital backlogs by delivering our ambitious milestone of meeting the NHS standard that 92% of patients should wait no longer than 18 weeks from referral to start consultant-led treatment of non-urgent health conditions.'[15]

Alongside this the Government's long term aims — delivered through the mission — are to improve access to services, see fewer lives being lost to the biggest killers, including cancer, cardiovascular disease and stroke, and suicide. The mission also commits to 'a fairer Britain, where everyone lives well for longer' and where tackling the underlying drivers of ill-health help put the NHS 'on a sustainable footing for the future.'[16]

There is good evidence that tackling health inequalities and improving people's health and wellbeing can deliver wider social and economic benefits to communities.

A joint report from the NHS Confederation, PPL and Local Trust identified three specific benefits from taking such action:

Local and national economic growth – impact studies have found that for every £1 spent on prevention of future ill-health, a £14 benefit is realised across society

Employment – neighbourhood working can boost the local workforce by supporting individuals into employment and catalysing local economic regeneration. More than one-in-five working age adults in the UK are not looking

13 https://www.gov.uk/missions/nhs

14 https://labour.org.uk/wp-content/uploads/2023/05/Mission-Public-Services.pdf

15 https://www.gov.uk/missions/nhs#:~:text=This%20Parliament%2C%20our%20health%20milestone,of%20non%2Durgent%20health%20conditions

16 https://www.gov.uk/missions/nhs

for work for a range of reasons, a number related to rising waiting lists for acute care or long term conditions. Public Health England estimates that returning people to work creates a £3,500 average financial gain to the individual, £500 to the local authority and £11,700 in savings to the national government

Reduced pressure on statutory services – improved health and wellbeing helps to avoid preventable use of health and other statutory services, meaning these valuable resources can be used by those who need them most[17]

The Government aims to deliver its health mission and wider improvement to the health service through three reform 'shifts', the details of which were set out in the recent Ten Year Health Plan:

- Moving care for hospitals to communities
- Shifting the focus of the health service from treatment to prevention
- Harnessing the power of technology and shifting services from analogue to digital[18]

Central to delivering on these shifts are ambitions for creating a Neighbourhood Health Service.

Lord Darzi's NHS investigation identified the need for greater multi-disciplinary working at the neighbourhood level as critical to repairing the NHS.[19]

17 https://www.nhsconfed.org/system/files/2024-10/The-case-for-neighbourhood-health-and-care.pdf

18 https://assets.publishing.service.gov.uk/media/6866387fe6557c544c74db7a/fit-for-the-future-10-year-health-plan-for-england.pdf

19 https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf

Neighbourhood, place and system

In recent years the NHS has adopted the following definitions for the neighbourhood, place and system level:

- **Neighbourhoods** (covering populations of around 30,000 to 50,000 people*): where groups of GP practices work with NHS community services, social care and other providers to deliver more co-ordinated and proactive care, including through the formation of primary care networks (PCNs) and multi-agency neighbourhood teams.
- **Places** (covering populations of around 250,000 to 500,000 people): where partnerships of health and care organisations in a town or district – including local government, NHS providers, VCSE organisations, social care providers and others – come together to join up the planning and delivery of services, redesign care pathways, engage with local communities and address health inequalities and the social and economic determinants of health. In many (but not all) cases, place footprints are based on local authority boundaries.
- **Systems** (covering populations of around 500,000 to 3 million people): where health and care partners come together at scale to set overall system strategy, manage resources and performance, plan specialist services, and drive strategic improvements in areas such as workforce planning, digital infrastructure and estates.[20]

The Government's Ten Year Health Plan sets out more detail on the aims of the new service, noting it will 'bring care into local communities; convene professionals into patient-centred teams; end fragmentation and abolish the NHS default of 'one size fits all' care. It will transform access to general practice and prevent unnecessary hospital admissions. It will help reintegrate healthcare into the social fabric of places.'[21] The plan commits the Government to establishing a Neighbourhood Health Centre in every community, with localities with the poorest health being prioritised for earlier investment.[22] Neighbourhood Health Centres will also be broader than traditional NHS services. They will 'co-locate NHS, local authority and voluntary sector services, to help create an offer that meets population need holistically. That will mean NHCs will not only bring historically hospital-based services such as diagnostics, post-operative care and rehabilitation into the community, but they will also offer services like debt advice, employment support and smoking cessation or weight management services.'[23]

20 https://www.kingsfund.org.uk/insight-and-analysis/long-reads/integrated-care-systems-explained

21 https://assets.publishing.service.gov.uk/media/6866387fe6557c544c74db7a/fit-for-the-future-10-year-health-plan-for-england.pdf

22 https://assets.publishing.service.gov.uk/media/6866387fe6557c544c74db7a/fit-for-the-future-10-year-health-plan-for-england.pdf

23 https://assets.publishing.service.gov.uk/media/6866387fe6557c544c74db7a/fit-for-the-future-10-year-health-plan-for-england.pdf

On the 9th July 2025 the Government set out plans for 42 neighbourhood health services to begin their work in September focusing on areas with the greatest health need first.[24]

Summary of the Government's Neighbourhood Health Service plans[25]

24 https://www.gov.uk/government/news/government-takes-action-to-deliver-neighbourhood-health-services
25 https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future

THE CHALLENGES OF DELIVERING THE NEIGHBOURHOOD HEALTH SERVICE

The Government's Neighbourhood Health Service plans represents more of an evolution than revolution with regards to recent health policy direction.

The previous Government legislated to introduce Integrated Care Systems (ICSs) at regional level. The 42 Systems across England cover populations of a few hundred thousand to several million. They include NHS organisations, upper-tier local councils, the voluntary sector, social care providers and other partners with a role in improving local health and wellbeing.[26] ICSs have four objectives:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development[27]

In 2021 Surrey GP and head of Surrey ICS Dr Claire Fuller was commissioned to explore how to integrate primary care services at a local level.

Central to Fuller's vision was the establishment of neighbourhood teams:

"*At the heart of the new vision for integrating primary care is bringing together previously siloed teams and professionals to do things differently to improve patient care for whole populations. This is usually most powerful in neighbourhoods of 30-50,000, where teams from across primary care networks (PCNs), wider primary care providers, secondary care teams, social care teams, and domiciliary and care staff can work together to share resources and information and form multidisciplinary teams (MDTs) dedicated to improving the health and wellbeing of a local community and tackling health inequalities."*[28]

Fuller noted that progress was already being made through the establishment of PCNs before the pandemic. 1250 PCNs across England were established just before Covid with an aim of bringing together GPs, community, mental health, social care, pharmacy, hospital and voluntary services.[29] However Fuller argued that whilst their contribution had been positive, the efforts of PCNs had suffered from a lack of infrastructure and support.[30]

26 https://www.england.nhs.uk/integratedcare/what-is-integrated-care/

27 https://www.england.nhs.uk/integratedcare/what-is-integrated-care/

28 https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf

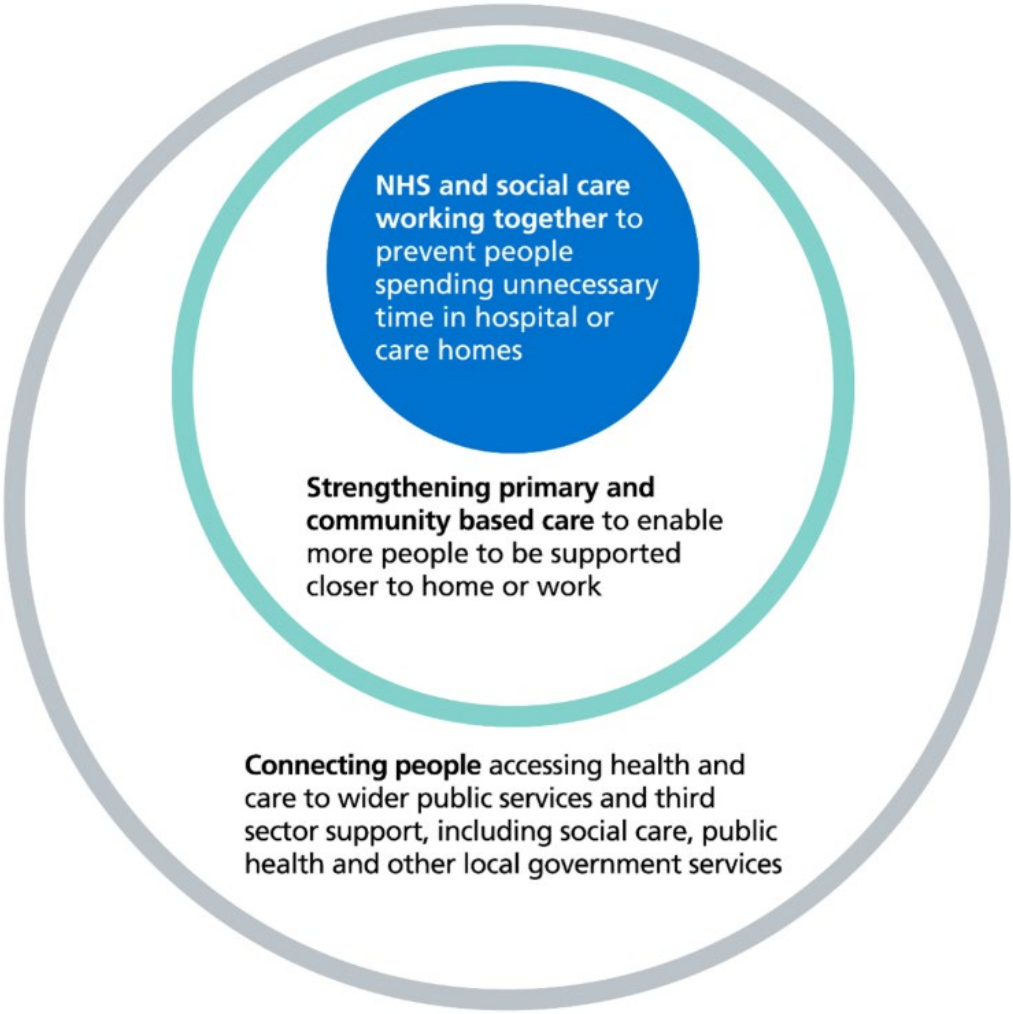
29 https://www.england.nhs.uk/primary-care/primary-care-networks/

30 https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf

A report from the Health Creation Alliance exploring the role of PCNs post pandemic found there was a need for 'primary care to become more connected to local networks of communities, the voluntary and community sector (VCSE) and other local partners such as housing, police and local authorities. PCNs can support this process of connection.' The report argued PCNs needed paid 'connector' roles focused on building these relationships.[31]

In late January 2025 and alongside the 2025/2026 planning guidance NHS England published guidelines for developing neighbourhood health. The following diagram summarises the high level aims of the programme over the next 5-10 years.

Figure 3: NHS England diagram showing the aims for all neighbourhoods over the next 5 to 10 years



31 https://thehealthcreationalliance.org/wp-content/uploads/2021/04/PCNs-and-place-based-working-_addressing-health-inequalities-in-a-COVID-19-world_FINAL_1-April-2021.pdf

The guidelines set out the six components associated with an effective neighbourhood health service:

- Population health management
- Modernised general practice
- Standardising community services
- Neighbourhood multi-disciplinary teams
- Integrated 'intermediate care' with a home-first approach
- Urgent neighbourhood services

The guidelines specifically identify 'adults, children and young people with complex health and social care needs who require support from multiple services and organisations' as the priority for the coming year. It notes that this cohort is estimated to be '7% of the population and associated with around 46% of hospital costs.' Examples of groups who systems may focus on include people with frailty, end of life care needs, multiple long-term health conditions, children and young people who require input from multiple services and high users of emergency departments.[32]

In April 2025, the Health Service Journal reported on Freedom of Information requests that showed widespread differences in how Integrated Care Boards (ICBs) were approaching the development of neighbourhood teams. HSJ's investigation found:

- 23 ICBs had established named neighbourhood teams covering their entire system; seven had done so only in some geographic areas; and nine said they were still working on defining their neighbourhood teams
- Of 27 ICBs which provided population sizes for teams covering at least part of their area, 12 systems had at least one neighbourhood team of more than 100,000 population
- Overall, 57 of 509 neighbourhood teams with defined populations covered at least 100,000 people – previously a 50,000 maximum had been recommended
- In 11 of 30 ICBs neighbourhood teams exactly or nearly matched PCNs

32 https://www.england.nhs.uk/long-read/neighbourhood-health-guidelines-2025-26/

The HSJ noted that 'a laissez-faire national approach had resulted in some very large neighbourhood teams that cover patches much bigger than previously recommended, and larger than locally recognised "neighbourhoods."[33] By contrast other ICBs such as North West London ICB have sought to implement plans closely aligned to those of the new Government.[34]

In response the NHS Confederation and National Association for Primary Care noted that such variation was to be expected given the need for local areas to lead the development of neighbourhood teams.

The HSJ also reported comments from new NHS CEO Sir Jim Mackey that savings from ICB staffing might be used to support the development of neighbourhood health.[35,36]

Some in the health sector sounded the alarm that 50% cuts to ICB budgets will in reality see action on neighbourhood health slow.[3738] The voluntary sector has also expressed concern that the ICB cuts could reduce patient and public engagement, undermining neighbourhood health efforts.[39]

In their assessment of the NHS neighbourhood health guidance published earlier this year the King's Fund noted that there is an inherent tension in trying to set a national framework for neighbourhood health policy that should ultimately be steered and led by local leaders.[40] Former Nuffield Trust CEO Nigel Edwards similarly argued that many local community development initiatives have been nurtured by local statutory providers and had grown bottom-up:

"What many of these (local initiatives) have in common is that they bring people together to create connections and forge relationships. In the jargon this is called social capital and there is strong evidence that communities with higher levels of social capital are more resilient and more able to address the health challenges they face."[41]

33 https://www.hsj.co.uk/integrated-care/revealed-icbs-divided-on-neighbourhood-teams/7039127.article#commentsJump

34 https://www.hsj.co.uk/north-west-london-ics/icb-tells-trusts-to-shift-core-services-towards-new-neighbourhood-teams/7038034.article

35 https://www.hsj.co.uk/integrated-care/icb-cuts-could-fund-neighbourhood-development/7039091.article

36 https://www.digitalhealth.net/wp-content/uploads/2025/05/Model-Integrated-Care-Board-%E2%80%93-Blueprint-v1.0.pdf

37 https://www.hsj.co.uk/integrated-care/reform-standstill-threatened-over-icb-cuts/7038919.article

38 https://www.hsj.co.uk/policy-and-regulation/brutal-cuts-to-icbs-and-nhse-slammed-by-ex-health-secretary/7038873.article

39 https://www.hsj.co.uk/policy-and-regulation/icb-patient-engagement-expertise-must-not-be-lost/7039092.article

40 https://www.kingsfund.org.uk/insight-and-analysis/blogs/neighbourhood-health-radical-implementing

41 https://napc.co.uk/wp-content/uploads/2024/11/Creating-Integrated-Neighbourhood-Teams_final.pdf

Edwards raised concerns that: 'supporting the development of these approaches risks crushing it with kindness, multiple meetings for assurance, reporting templates and the other paraphernalia of statutory sector project management.'[42] Rather what is needed, he adds is 'support with finding somewhere to meet in the community, providing practical support with recruitment, DBS checks, sharing standard policies (such as safeguarding) governance processes and structures for example. Using funding and commissioning approaches that are long term and light touch and offering high levels of discretion is also very important.'[43]

The King's Fund also expressed concerns that the NHS focus on neighbourhood health could push out other non NHS partners who are intrinsic to success, such as local government and the voluntary sector.[44] A joint report from the NHS Confederation, PPL and Local Trust argued that moves to a Neighbourhood Health Service required a more radical re-modelling of healthcare, away from the medical model to one which is proactive and working with a broader range of partners.[45]

The work of the King's Fund in looking at how to move care closer to home argues that despite supportive policy rhetoric on this shift over many years – in practice it has not been delivered at scale. Reasons for this include:

- A lack of agreement about the purpose underpinning the vision for the health and care system. In practice, there are several different sets of assumptions, aims and asks about why the focus of the system needs to shift to primary and community services. These include: cost savings, reducing demand on hospitals (waiting lists, emergency admissions), better experiences and outcomes for people who use health and care services, improved service alignment or integration, developing population health and prevention at scale, including wellbeing, and tackling inequalities
- A 'cycle of invisibility' for primary and community health and care services; they are hard to quantify and easy to overlook
- Hierarchies of care mean that urgent problems take priority over longer-term issues, for example treatments for urgent medical problems take priority over services that prevent the development of problems
- There are misconceptions about how the public think health and care services should be prioritised
- The financial architecture for health and care does not support a focus on primary and community health and care

42 https://napc.co.uk/wp-content/uploads/2024/11/Creating-Integrated-Neighbourhood-Teams_final.pdf
43 http://napc.co.uk/wp-content/uploads/2024/11/Creating-Integrated-Neighbourhood-Teams_final.pdf
44 https://www.kingsfund.org.uk/insight-and-analysis/blogs/neighbourhood-health-radical-implementing
45 https://www.nhsconfed.org/system/files/2024-10/The-case-for-neighbourhood-health-and-care.pdf

- The prioritisation of short-term approaches to return on investment
- The health and care system – including the way the workforce is trained and organised – is not set up to deal with the complexity of people's needs
- Policies and strategies are not aligned with the vision of care focused on communities[46]

Joint research from the NHS Confederation, PPL and Local Trust identified the following barriers to delivering neighbourhood health:

- **Lack of trust in statutory services** – Individuals, neighbourhoods and communities with poor experiences of statutory services or who feel "let down" by them can impact on the trust needed to underpin truly effective, integrated working
- **A lack of community infrastructure** – A lack of infrastructure, whether physical (e.g. meeting places) or social (e.g. availability of appropriately trained individuals to achieve specific goals) was identified as a barrier to progress. This is a particular concern as communities lacking in this infrastructure are often also the most deprived
- **Challenges in reaching consensus** – Decision making can be a challenging process, as conflicting views on issues relating to improving the health and wellbeing of a neighbourhood or community can be varied and strongly held. Reaching a consensus on how to best work together, and where to focus efforts can therefore be a barrier, and in some instances can lead to enhanced tensions within communities
- **Power dynamics between communities and statutory services** – Neighbourhood working takes considerable effort from all parties involved and a willingness to engage with one another in new ways. It can be difficult for those working within regulated, statutory services with formal performance standards, structures and polices to adapt to the needs of local VCSE organisations and communities, and vice-versa
- **Knowledge and awareness** – Service providers have an in-depth knowledge of their services, and it is important to acknowledge that this level of knowledge and awareness will not always be shared by others who are not involved in the service provision. Many people who are in need of particular services may have no knowledge that a service to help them exists
- **Stigma of accessing support** – Communities may experience stigma associated with accessing certain types of support1 or engaging with partners in statutory services where there are historic low levels of trust

46 https://www.kingsfund.org.uk/insight-and-analysis/reports/making-care-closer-home-reality

- **Language and other socio-economic barriers** – Communities where English is not a first language can be excluded due to language barriers, and others may experience other forms of exclusion, including digital exclusion where this is part of the local integrated infrastructure. In highly diverse communities where multiple different languages are spoken this can make the challenges of working together in an integrated way even more complex
- **Information exchange** – Evidence suggests it remains highly challenging to share information and data between organisations, and that can be an even greater barrier when those involved in enabling work at a neighbourhood level are volunteers or working outside of formal organisational or statutory bodies[47]

47 https://www.nhsconfed.org/system/files/2024-10/Integrated-neighbourhood-working-literature-review.pdf

THE POLITICAL IMPERATIVE OF DELIVERING ON IMPROVEMENTS IN NEIGHBOURHOOD HEALTH

Transferring the NHS from an operating model that is primarily top down to one that is bottom-up is a 'wicked' policy problem.[48] The Ten Year Health Plan sets out an aim of moving to a new more 'diverse and devolved' operating model.[49]

But this is not just a technocratic challenge for health policymakers. Indeed it is critical to the Government's future electoral success.

Future Health analysed the health data in the Hyper-Local Need Measure (HLNM) developed by Oxford Consultants for Social Inclusion (OCSI) for ICON.[50]

The following table sets out the 150 neighbourhoods identified as having the poorest health according to the HLNM and their parliamentary constituencies.

48 https://blogs.lse.ac.uk/impactofsocialsciences/2022/04/07/after-half-a-century-of-wicked-policy-problems-are-we-any-better-at-managing-them/#:~:text=Wicked%20problems%20are%20characterised%20by,de%2Dpoliticize%20the%20partisan%20divide

49 https://assets.publishing.service.gov.uk/media/6866387fe6557c544c74db7a/fit-for-the-future-10-year-health-plan-for-england.pdf

50 https://www.neighbourhoodscommission.org.uk/reports/

Table 1: Neighbourhoods and parliamentary constituencies with poorest health by HLNM

Neighbourhood	Parliamentary Constituency	HLNM health ranking
Ingoldmells & Chapel St Leonards - East Lindsey 010A	Boston and Skegness	1
Ingoldmells & Chapel St Leonards - East Lindsey 010C	Boston and Skegness	2
Radcliffe - Bury 016C	Bury North	3
Ingoldmells & Chapel St Leonards - East Lindsey 010D	Boston and Skegness	4
Sheppey East - Swale 006A	Sittingbourne and Sheppey	5
Skegness Town - East Lindsey 014C	Boston and Skegness	6
Workington West - Allerdale 009C	Whitehaven and Workington	7
Ingoldmells & Chapel St Leonards - East Lindsey 010B	Boston and Skegness	8
Skegness North - East Lindsey 012C	Boston and Skegness	9
Blyth Cowpen - Northumberland 022A	Blyth and Ashington	10
Hendon & Docks - Sunderland 016A	Sunderland Central	11
Stockbridge Village - Knowsley 006B	Knowsley	12
Bootle South - Sefton 037B	Bootle	13
Mablethorpe - East Lindsey 005C	Louth and Horncastle	14
Central Stockton, Portrack & Low Hartburn - Stockton-on-Tees 025A	Stockton North	15
Grimsby East Marsh & Port - North East Lincolnshire 002A	Great Grimsby and Cleethorpes	16
Birkenhead Central - Wirral 016E	Birkenhead	17
Ayresome - Middlesbrough 003F	Middlesbrough and Thornaby East	18
Bentilee & Ubberley - Stoke-on-Trent 017D	Stoke-on-Trent Central	19
South Promenade & Seasiders Way - Blackpool 013D	Blackpool South	20
Blyth Cowpen - Northumberland 022D	Blyth and Ashington	21
North Shore - Blackpool 006D	Blackpool South	22
Birkenhead Central - Wirral 016C	Birkenhead	23
Workington West - Allerdale 009B	Whitehaven and Workington	24
Beechwood & James Cook - Middlesbrough 011B	Middlesbrough and Thornaby East	25
Wirral 016F	Birkenhead	26
Bootle South - Sefton 037D	Bootle	27
Central Stockport, Portwood & Shaw Heath - Stockport 014D	Stockport	28
Clacton Central - Tendring 016B	Clacton	29
Fleetwood Town - Wyre 001F	Blackpool North and Fleetwood	30
Tranmere - Wirral 027B	Birkenhead	31
Sutton-on-Sea - East Lindsey 006A	Louth and Horncastle	32
Bentilee & Ubberley - Stoke-on-Trent 017E	Stoke-on-Trent Central	33
Croxteth West & Gillmoss - Liverpool 004B	Liverpool Walton	34
Middlesbrough Central - Middlesbrough 001H	Middlesbrough and Thornaby East	35
Sutton-on-Sea - East Lindsey 006C	Louth and Horncastle	36
Tranmere - Wirral 027C	Birkenhead	37
Brinnington - Stockport 004B	Stockport	38
Wigan East - Wigan 009C	Wigan	39
Bank Top - Darlington 012A	Darlington	40
Hendon & Docks - Sunderland 016C	Sunderland Central	41
Grimsby East Marsh & Port - North East Lincolnshire 002E	Great Grimsby and Cleethorpes	42
Bidston Hill - Wirral 011E	Birkenhead	43
Bidston Hill - Wirral 011C	Birkenhead	44
Bentilee & Ubberley - Stoke-on-Trent 017F	Stoke-on-Trent Central	45
North East Centre - Blackpool 008D	Blackpool South	46
Central Blackpool - Blackpool 010C	Blackpool South	47
Central Blackburn - Blackburn with Darwen 006E	Blackburn	48
Seaforth North - Sefton 032A	Bootle	49
Beechdale - Nottingham 020B	Nottingham South	50
Mablethorpe - East Lindsey 005A	Louth and Horncastle	51
Thornaby South - Stockton-on-Tees 020C	Middlesbrough and Thornaby East	52
Stockbridge Village - Knowsley 006C	Knowsley	53
Skegness South - East Lindsey 015A	Boston and Skegness	54
Morecambe Town - Lancaster 006E	Morecambe and Lunesdale	55
Workington East - Allerdale 010C	Whitehaven and Workington	56
Little Layton & Little Carleton - Blackpool 007C	Blackpool South	57
Little Layton & Little Carleton - Blackpool 007D	Blackpool South	58
Murton North & Parkside - County Durham 018D	Easington	59
Kirkdale South & Vauxhall - Liverpool 022D	Liverpool Riverside	60
Everton East - Liverpool 024B	Liverpool Riverside	61
Percy Main - North Tyneside 027E	Tynemouth	62
Toxteth - Liverpool 044A	Liverpool Riverside	63
Central Blackpool - Blackpool 010A	Blackpool South	64
Oak Tree & Ransom Wood - Mansfield 012D	Mansfield	65
North East Centre - Blackpool 008B	Blackpool South	66
Bensham North - Gateshead 008E	Gateshead Central and Whickham	67
North Shore - Blackpool 006B	Blackpool South	68
Hurstead & Smallbridge - Rochdale 004E	Rochdale	69
Mablethorpe - East Lindsey 005B	Louth and Horncastle	70
Bootle South - Sefton 037A	Bootle	71
South Promenade & Seasiders Way - Blackpool 013A	Blackpool South	72
Everton East - Liverpool 024D	Liverpool Riverside	73
Blyth Cowpen - Northumberland 022C	Blyth and Ashington	74
Beechdale - Nottingham 020A	Nottingham South	75

Neighbourhood	Parliamentary Constituency	HLNM health ranking
Seacombe - Wirral 008C	Wallasey	76
Town Centre East & Fingerpost - St. Helens 014E	St Helens North	77
Kirkdale North - Liverpool 014E	Liverpool Riverside	78
Tranmere - Wirral 027A	Birkenhead	79
Hesketh Park - Sefton 003A	Southport	80
Derbyshire Hill - St. Helens 017B	St Helens North	81
Barrow Central - Barrow-in-Furness 008A	Barrow and Furness	82
Little Marton & Marton Moss Side - Blackpool 014A	Blackpool South	83
Chellsaton West & Shelton Lock - Derby 030D	Derby South	84
Town Centre East & Fingerpost - St. Helens 014D	St Helens South and Whiston	85
North Shore - Blackpool 006A	Blackpool South	86
Liverpool 022H	Liverpool Riverside	87
Newgate & Carr Bank - Mansfield 009E	Mansfield	88
Birkenhead Central - Wirral 016B	Birkenhead	89
Halewood North - Knowsley 018C	Widnes and Halewood	90
Redcar Lakes South - Redcar and Cleveland 005A	Redcar	91
Skegness South - East Lindsey 015D	Boston and Skegness	92
Ford - Sefton 024C	Sefton Central	93
Longview & Knowsley Park - Knowsley 010C	Knowsley	94
Leigh West - Wigan 033B	Leigh and Atherton	95
Kirkdale South & Vauxhall - Liverpool 022G	Liverpool Riverside	96
Netherton North - Sefton 023C	Bootle	97
Sheerness West - Swale 002C	Sittingbourne and Sheppey	98
Croxteth West & Gillmoss - Liverpool 004A	Liverpool Walton	99
Page Moss & Fincham - Knowsley 008B	Liverpool West Derby	100
Skegness Town - East Lindsey 014D	Boston and Skegness	101
Hendon & Docks - Sunderland 016E	Sunderland Central	102
Ford - Sefton 024E	Bootle	103
Barrow Central - Barrow-in-Furness 008C	Barrow and Furness	104
Berwick Hills - Middlesbrough 004D	Middlesbrough and Thornaby East	105
East Herringthorpe - Rotherham 013E	Rotherham	106
Jarrow Town - South Tyneside 007B	Jarrow and Gateshead East	107
Hyde South - Tameside 028A	Stalybridge and Hyde	108
Fleetwood Town - Wyre 001B	Blackpool North and Fleetwood	109
Central Blackpool - Blackpool 010E	Blackpool South	110
Stockbridge Village - Knowsley 006A	Knowsley	111
Jaywick & St Osyth - Tendring 018A	Clacton	112
Darwen Town - Blackburn with Darwen 016A	Rossendale and Darwen	113
Southwick - Sunderland 005B	Sunderland Central	114
Seaforth North - Sefton 032C	Bootle	115

Neighbourhood	Parliamentary Constituency	HLNM health ranking
Athersley - Barnsley 007E	Barnsley North	116
Bilton Grange - Kingston upon Hull 009C	Kingston upon Hull East	117
East Lindsey 012E	Boston and Skegness	118
Radcliffe - Bury 016B	Bury South	119
South Promenade & Seasiders Way - Blackpool 013C	Blackpool South	120
Town Centre West - St. Helens 012D	St Helens South and Whiston	121
Churchtown - Blackpool 002C	Blackpool North and Fleetwood	122
Netherley - Liverpool 045A	Liverpool Garston	123
Charlestown - Manchester 003G	Blackley and Middleton South	124
Southport Waterfront - Sefton 004B	Southport	125
Coundon North - County Durham 051A	Bishop Auckland	126
Longview & Knowsley Park - Knowsley 010B	Knowsley	127
Halewood South - Knowsley 020A	Widnes and Halewood	128
Kirkdale North - Liverpool 014D	Liverpool Riverside	129
Holme Wood - Bradford 052B	Bradford South	130
Skegness Town - East Lindsey 014B	Boston and Skegness	131
Kirkdale North - Liverpool 014A	Liverpool Riverside	132
Horden - County Durham 036A	Easington	133
Seaforth South - Sefton 034C	Bootle	134
Stockport 014F	Stockport	135
Hendon & Docks - Sunderland 016F	Sunderland Central	136
Bentilee & Ubberley - Stoke-on-Trent 017C	Stoke-on-Trent Central	137
Murton North & Parkside - County Durham 018F	Easington	138
New Rossington - Doncaster 037D	Doncaster East and the Isle of Axholme	139
South Promenade & Seasiders Way - Blackpool 013B	Blackpool South	140
Armley & New Wortley - Leeds 071D	Leeds West and Pudsey	141
Little Marton & Marton Moss Side - Blackpool 014B	Blackpool South	142
Bishop Auckland South - County Durham 058E	Bishop Auckland	143
Thorntree - Middlesbrough 007A	Middlesbrough South and East Cleveland	144
Worsbrough Common - Barnsley 017A	Barnsley North	145
Pallion North - Sunderland 012B	Sunderland Central	146
Peterlee East - County Durham 032A	Easington	147
Birkenhead Central - Wirral 016G	Birkenhead	148
Little Marton & Marton Moss Side - Blackpool 014C	Blackpool South	149
Blackhall - County Durham 039D	Easington	150

Of the 150 neighbourhoods with poorest health in the HLNM there is strong overlap with those neighbourhoods identified as 'mission critical' and 'mission priority' in ICON's first report 'Think neighbourhood: A new approach to fixing the country's biggest policy challenges.'[51]

ICON assigns neighbourhoods to one of three categories (see box below)

ICON definition of neighbourhood mission-status

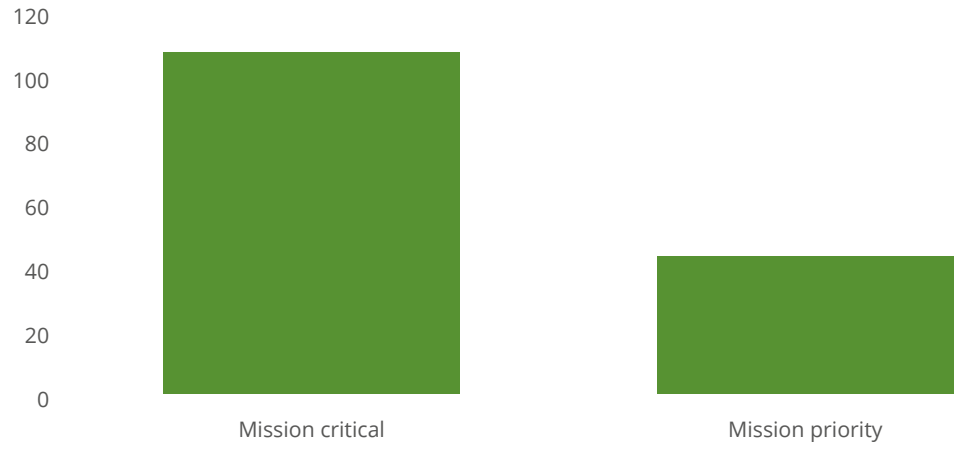
'Mission-critical' neighbourhoods are those that require the most urgent attention and will need to change to make substantial progress on the government's missions. There are 613 such neighbourhoods across the country with approximately, 920,000 people live in these neighbourhoods.

'Mission-priority' neighbourhoods are neighbourhoods which will also require support to deliver on the Government's five missions. They represent 15% of neighbourhoods nationally and cover a population of 8 million people.

Finally 'Mission support' neighbourhoods cover 80% of neighbourhoods across the country and require relatively low levels of need for the Government's missions.

107 (71%) of the 150 areas with the poorest health are in 'mission critical' neighbourhoods, with the remaining 43 (29%) in 'mission priority' neighbourhoods. There are no neighbourhoods in 'mission support' neighbourhoods.

Figure 4: Classification of 150 neighbourhoods with poorest health by overall mission classification



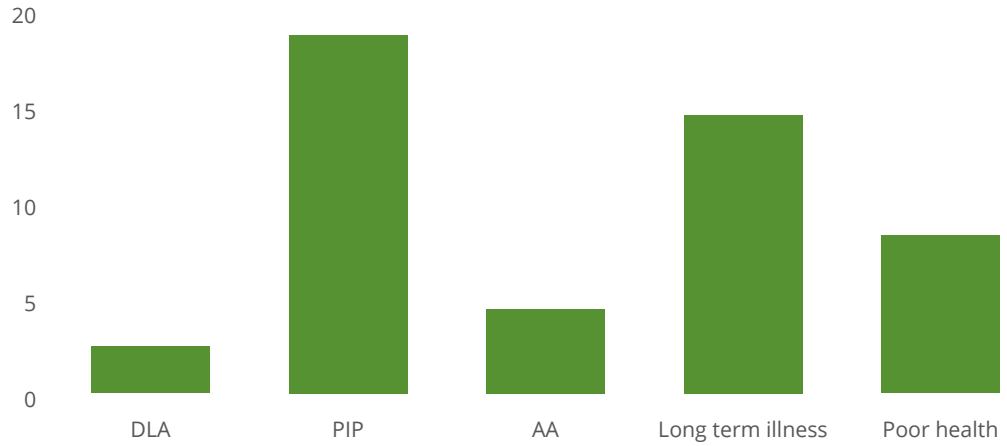
51 https://www.neighbourhoodscommission.org.uk/report/interim-report-think-neighbourhoods/

The 'health' in neighbourhood health

Delving deeper into some of the important indicators within the HLNM that make up the health mission highlights the gap between the health of those living in the poorest neighbourhoods with the wider country. Specifically and as set out in figure 5 below:

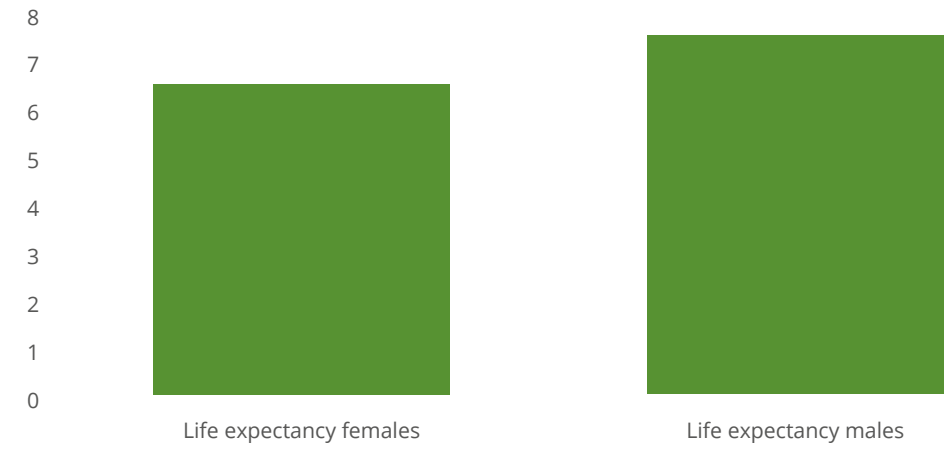
- The number of people claiming disability living allowance is on average **2.4% higher** in the neighbourhoods with poorest health when compared to the average across all neighbourhoods in England
- The number of people accessing personal independence payments is on average **18.7% higher** in the neighbourhoods with poorest health when compared to the average across all neighbourhoods in England
- The number of people claiming attendance allowance is on average **4.4% higher** in the neighbourhoods with poorest health when compared to the average across all neighbourhoods in England
- The number of people reporting that they have a long term illness is on average **14.5% higher** in the neighbourhoods with poorest health when compared to the average across all neighbourhoods in England
- The number of people reporting that they are in bad or very bad health is on average **8.2% higher** in the neighbourhoods with poorest health when compared to the average across all neighbourhoods in England

Figure 5: The percentage difference when comparing the average of those neighbourhoods with poorest health with all neighbourhoods in England, by health indicator in ICON HLNM



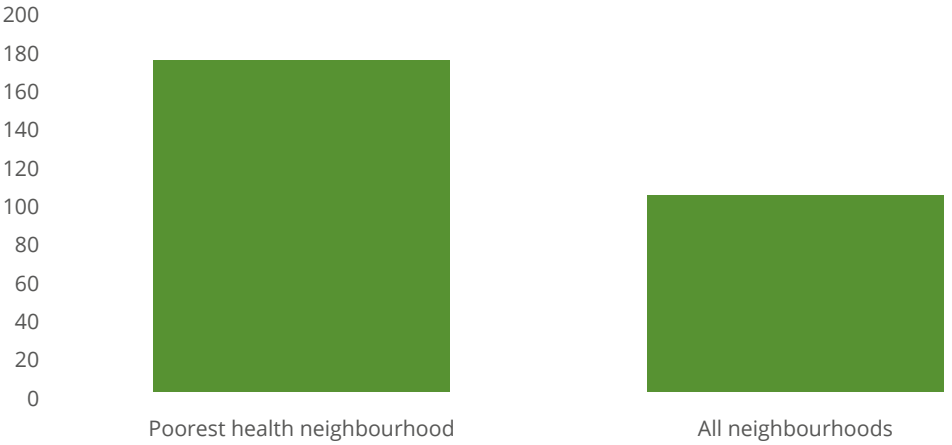
There are sharp differences in average life expectancy between the 150 neighbourhoods with poorest health and all neighbourhoods across England. The average life expectancy for females is 6.5 years lower in these neighbourhoods in comparison with the national average measured across all neighbourhoods. For males there is a 7.5 year gap between the life expectancy in the neighbourhoods with the poorest health and the national average.

Figure 6: Difference in average life expectancy (years) between all neighbourhoods and those with the poorest health



These data are reflected in disparities in mortality. In the neighbourhoods with the 150 poorest health, the age standardised mortality rate is 68% higher.

Figure 7: Age standardised mortality rates between neighbourhoods with poorest health and all neighbourhoods



THE LINK BETWEEN NEIGHBOURHOOD HEALTH AND THE GOVERNMENT'S ECONOMIC MISSION

There is good evidence of the impact of poor health on the economy. Kickstarting economic growth is the Government's number one stated priority.[52]

Research from the World Health Organisation has cited the importance of healthcare to the performance of national economies. Kluge and Figueras note that: 'numerous studies have shown that individuals in better health enjoy improved opportunities for economic participation and earnings compared to their less healthy counterparts. Better health leads to higher rates of labour market participation and later retirement.'[53]

According to the Health Foundation: '8.2 million working-age people report having a long-term health condition that limits their ability to work. While employment rates for this group have improved in recent decades, only half are in work today. Each year, over 300,000 people leave their jobs and end up out of the workforce entirely with work-limiting health conditions.'[54]

In his first week as Secretary of State for Health and Social Care Wes Streeting set out that he wanted to deliver billions of pounds of economic growth to the Treasury.

This was to be done by cutting waiting lists, improving the nation's health, unlocking the potential of life sciences and new technologies and through supporting the NHS and social care services as regional and local employers.[55]

Analysis of the links between areas identified as having the poorest health and greatest economic challenges through the HLNM finds that 69 (46%) of the 150 areas with poorest health are also classified as being 'mission critical' areas for economic development through the ICON index.

52 https://www.gov.uk/missions/economic-growth

53 https://www.futurehealth-research.com/site/wp-content/uploads/2021/04/Economics-of-Health-FINAL-April-2021-compressed.pdf

54 https://www.health.org.uk/reports-and-analysis/reports/action-for-healthier-working-lives

55 https://www.gov.uk/government/news/secretary-of-state-makes-economic-growth-a-priority

Figure 8: Number of neighbourhoods identified as 'mission critical' from an economic perspective amongst the 150 neighbourhoods with poorest health

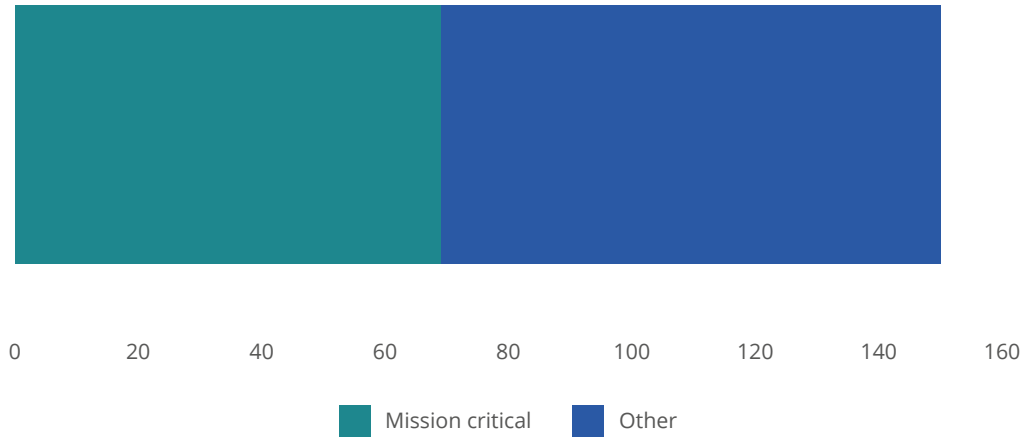


Table 2: Neighbourhoods classified as having the poorest health and identified as 'mission critical' from an economic perspective

Ingoldmells & Chapel St Leonards - East Lindsey 010A	Wirral 016F	Mablethorpe - East Lindsey 005A
Ingoldmells & Chapel St Leonards - East Lindsey 010C	Bootle South - Sefton 037D	Thornaby South - Stockton-on-Tees 020C
Radcliffe - Bury 016C	Central Stockport, Portwood & Shaw Heath - Stockport 014D	Stockbridge Village - Knowsley 006C
Ingoldmells & Chapel St Leonards - East Lindsey 010D	Clacton Central - Tendring 016B	Skegness South - East Lindsey 015A
Sheppey East - Swale 006A	Fleetwood Town - Wyre 001F	Morecambe Town - Lancaster 006E
Skegness Town - East Lindsey 014C	Tranmere - Wirral 027B	Workington East - Allerdale 010C
Workington West - Allerdale 009C	Sutton-on-Sea - East Lindsey 006A	Little Layton & Little Carleton - Blackpool 007C
Ingoldmells & Chapel St Leonards - East Lindsey 010B	Bentilee & Ubberley - Stoke-on-Trent 017E	Little Layton & Little Carleton - Blackpool 007D
Skegness North - East Lindsey 012C	Croxteth West & Gillmoss - Liverpool 004B	Murton North & Parkside - County Durham 018D
Blyth Cowpen - Northumberland 022A	Middlesbrough Central - Middlesbrough 001H	Kirkdale South & Vauxhall - Liverpool 022D
Hendon & Docks - Sunderland 016A	Sutton-on-Sea - East Lindsey 006C	Everton East - Liverpool 024B
Stockbridge Village - Knowsley 006B	Tranmere - Wirral 027C	Percy Main - North Tyneside 027E
Bootle South - Sefton 037B	Brinnington - Stockport 004B	Toxteth - Liverpool 044A
Mablethorpe - East Lindsey 005C	Wigan East - Wigan 009C	Central Blackpool - Blackpool 010A
Central Stockton, Portrack & Low Hartburn - Stockton-on-Tees 025A	Bank Top - Darlington 012A	Oak Tree & Ransom Wood - Mansfield 012D
Grimsby East Marsh & Port - North East Lincolnshire 002A	Hendon & Docks - Sunderland 016C	North East Centre - Blackpool 008B
Birkenhead Central - Wirral 016E	Grimsby East Marsh & Port - North East Lincolnshire 002E	Bensham North - Gateshead 008E
Ayresome - Middlesbrough 003F	Bidston Hill - Wirral 011E	North Shore - Blackpool 006B
Bentilee & Ubberley - Stoke-on-Trent 017D	Bidston Hill - Wirral 011C	Hurstead & Smallbridge - Rochdale 004E
South Promenade & Seasiders Way - Blackpool 013D	Bentilee & Ubberley - Stoke-on-Trent 017F	
Blyth Cowpen - Northumberland 022D	North East Centre - Blackpool 008D	
North Shore - Blackpool 006D	Central Blackpool - Blackpool 010C	
Birkenhead Central - Wirral 016C	Central Blackburn - Blackburn with Darwen 006E	
Workington West - Allerdale 009B	Seaforth North - Sefton 032A	
Beechwood & James Cook - Middlesbrough 011B	Beechdale - Nottingham 020B	

For the Government improving health in these neighbourhoods will deliver a 'double-win' as it will also help boost its efforts at delivering economic growth.

The IPPR's Commission on Health and Prosperity found that better health could make an important contribution to the Government's economic plans. Specific findings from the Commission's work included:

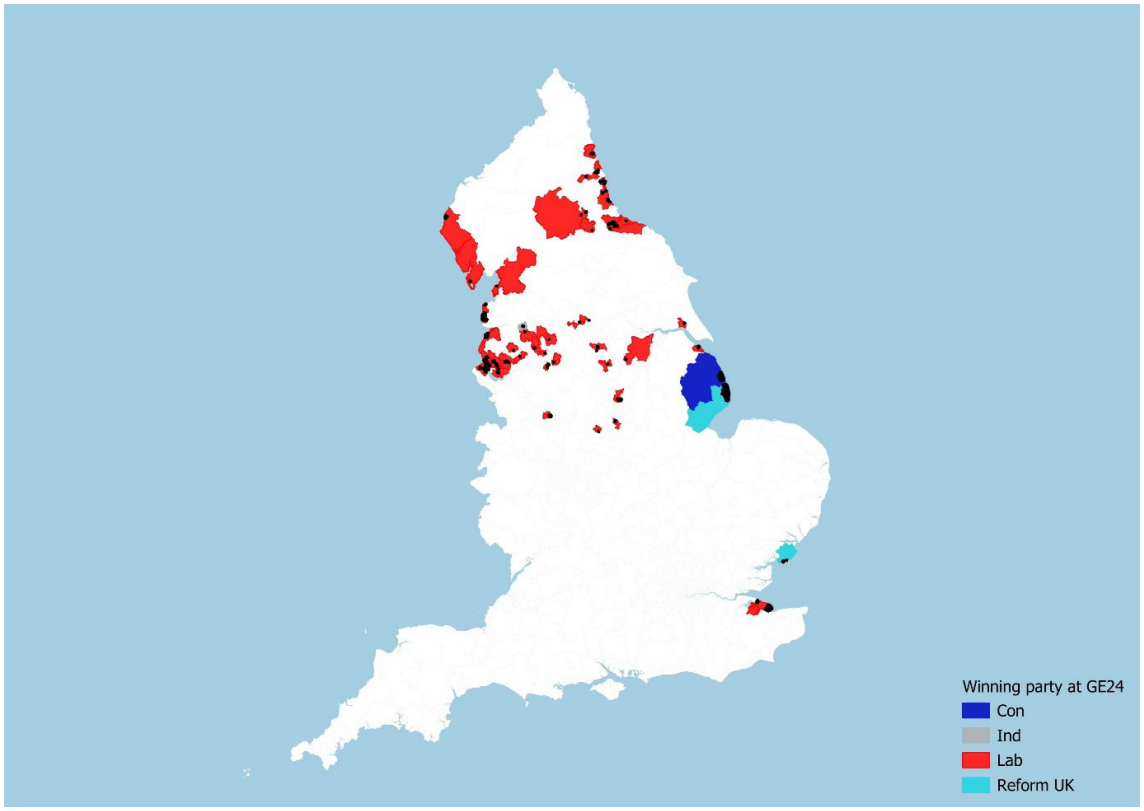
- 900,000 workers are missing from work due to sickness. Economic inactivity due to sickness could rise to 4.3 million by the end of the next parliament, if post-pandemic trends continue
- People with one or multiple health conditions are as much as twice as likely to take sick days or experience lower productivity when working through sickness – likely due to poor job design, work culture or financial means to take sick days when they are needed
- Better health has the potential to significantly boost people's earnings, after nearly two decades of stagnant real wage growth. Indicatively, we find that avoiding a preventable long-term condition is worth up to £2,200 in annual earned income
- Poor health means avoidable expenditure in the NHS and welfare system, and lower tax receipts (as fewer people are in work). The 900,000 'missing workers' identified by the IPPR translates to lost tax receipts of almost £5 billion, and that better population health could save the NHS £18 billion[56]

56 https://ippr-org.files.svdcdn.com/production/Downloads/Our_greatest_asset_Sept24.pdf?dm=1726561191

The politics of neighbourhood health

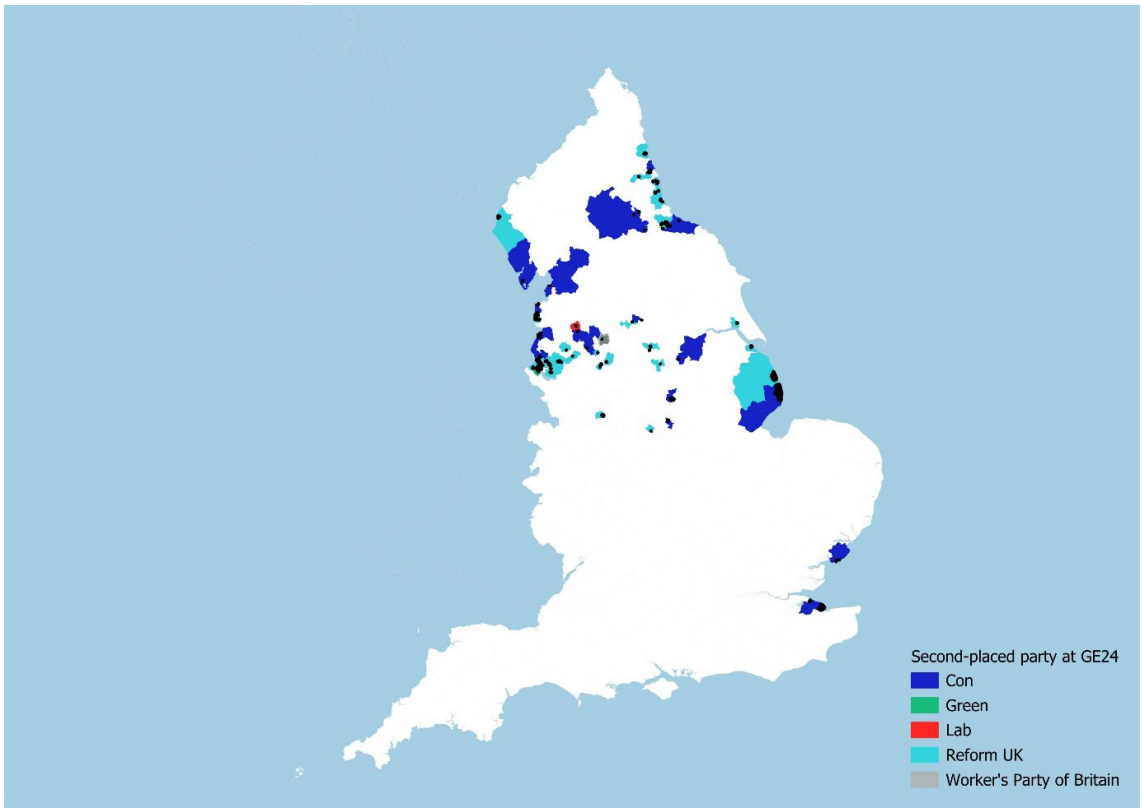
Of these 150 neighbourhoods with the poorest health 131 (87%) are within parliamentary constituencies currently held by Labour MPs. 13 (9%) neighbourhoods are represented by Reform UK MPs, with 5 (3%) neighbourhoods represented by Conservative MPs and 1 (1%) neighbourhood represented by an independent MP.

Figure 9: Mapping showing the 2024 General Election winning political party in the neighbourhoods with poorest health



When looking at the parties who came second in these seats in July 2024, two thirds (90) are from Reform UK. The Conservatives came second in 39 (26%) neighbourhoods, the Greens second in 19 (13%), Labour and independents second in one each.

Figure 10: Mapping showing the 2024 General Election political party who came second in the neighbourhoods with poorest health



The analysis shows that these neighbourhoods are primarily a Labour/Reform UK battleground. Reform UK's success in the May 2025 local elections, where they won 677 seats across the country and their standing in the opinion polls makes them the current main challenger to the Government.[57]

For the Government, with a current working majority of over 150, holding onto these neighbourhoods at the next election could well be an important factor in returning them to office.[58]

57 https://commonslibrary.parliament.uk/research-briefings/cbp-10272/
58 https://www.instituteforgovernment.org.uk/explainer/government-majority

THE HOW: SUCCESSFULLY DELIVERING A NEIGHBOURHOOD HEALTH SERVICE

Getting neighbourhood health right is good for local people, economic growth and good politics.

However delivering on this agenda is complex and challenging. There is though insight and experience to learn from.

Former Nuffield Trust CEO, Nigel Edwards and Dr Richard Lewis argue that moves towards more integrated neighbourhood working are not new and that the question for future policy in this space is what will be different this time. The pair identify a number of issues that have impaired past policy efforts in this area, including:

- **Definition of terms** – this is multi-dimensional. It is not always clear what 'integration' means and what is trying to achieve, there is a lack of definition about what constitutes a neighbourhood and how the NHS system works with/alongside it, there is a need for clear membership requirements of a neighbourhood team and how this interacts with more specialist services – if everyone is included the approach will lack coherence
- **Poorly formulated objectives** – the main focus for integrated neighbourhood teams appears to be on reducing hospital activity. But 'much of the evaluation literature suggests that integrated care is unlikely to deliver significant changes to hospital activity and costs in the short term'
- **The patient getting lost** – one of the drivers for more integrated neighbourhood working is to provide better care around the needs of patients, including better care continuity. However 'it is possible that patients particularly value aspects of care that are harder to maintain in an integrated system. For example, continuity of care with a particular clinician may be lower if additional (clinically effective) roles are newly created'
- **Overly focusing on structures and payment systems** – much of the blame on why the current system does not work is placed on financial flows and governance structures. However focusing too much on these elements can divert business and energy away from service improvement

They also argue that the barriers to more integrated working are 'sticky', such as on information governance and that critically what is required is policy stability and time to see the changes through and make them work.[59]

59 https://www.nuffieldtrust.org.uk/news-item/integrated-neighbourhood-teams-lessons-from-a-decade-of-integration

A National Institute for Health Research (NIHR) commissioned literature review found that the following were seen to be the main enablers of a successful integrated care model at place level.[60] Many of these enablers will be applicable to developing an effective neighbourhood health service.

Figure 11: Effective commissioning for integrated service delivery at Place: what functions and structures does the literature suggest are required?

The New Local think tank argues that to succeed in changing its operating model, the NHS needs to shift to a new community paradigm, arguing that the 'NHS has been shaped by two paradigms that strongly reinforce the acute response rather than a prevention approach. These are the state paradigm and the market paradigm.'[61]

The community paradigm sees a shift in power away from systems to people and communities and from the treatment of problems to their prevention. Under this paradigm, communities are equal partners in a more collaborative place based approach. Accountability is focused on outcomes rather than processes.

60 https://pru.hssc.ac.uk/assets/uploads/files/commissioning-for-integrated-service-delivery-at-place-initial-report-final-2.pdf

61 https://www.newlocal.org.uk/publications/community-powered-nhs/

Figure 12: New Local shifting health services to a community paradigm summary[62]

The NHS	State paradigm	Market paradigm	Community paradigm
Key organisational principle	Standardisation	Efficiency	Prevention
Key problems seeking to solve	Treating illness	Treating illness more efficiently	Preventing illness, alongside treatment when needed
Locus of power	Clinician and Whitehall bureaucrat	Clinician and manager	Clinician and community
View of service user	Deficit-led: primarily a passive patient	Transaction-led: a customer with choice determined by provider	Asset-led: a participant in their own health and wellbeing
View of communities	Not in the purview of services	A source of treatment alternatives through social prescribing	Equal partners with deep insight into effective service response
Implementation method	Top-down, uniform model of provision	Targets, performance management and productivity drives	Devolution, culture change and deep community engagement
Organisational relationships	Separate specialist organisations	Competition between organisations	Collaboration and shared community-led mission across organisations
Funding model	Centrally planned funding model	Activity-based funding model	Place-based funding allocations, joint investment in prevention
Accountability	Whitehall	Whitehall, across an increasing number of arms-length bodies	Local accountability in the context of a national outcomes framework
Approach to engagement	Not widely pursued	Patient feedback sought through closed surveys	Community participation viewed as essential to service design
Attitude to data	Quantitative data informs decision-making at the top	Quantitative data informs performance management within different services	Quantitative data, combined with qualitative community insights, informs prevention shift

62 Re-produced from: https://www.newlocal.org.uk/publications/community-powered-nhs/

For the Government there is clearly an important need to direct new investment into neighbourhoods with the poorest health.

The Government's Spending Review announced an investment of £500 million in 350 disadvantaged neighbourhoods. This included 20 trailblazer neighbourhoods in England which will receive up to £20 million over the next decade.[63] This builds from the Government's 'Plan for Neighbourhoods' published in March 2025 which committed £1.5 billion to 75 areas across the country over the next decade.[64]

The 'Plan for Neighbourhoods' included a set of approved health interventions that these neighbourhoods can invest in set out the box below.

Plan for Neighbourhoods health and wellbeing approved interventions[65]

Supporting community-level health provision

Example interventions include:

- Community mental health hubs
- Social prescribing provision
- Measures to encourage healthy eating such as community-level fruit and vegetable prescription schemes
- Pilot programmes aimed at improving local health outcomes
- Signposting to free NHS digital support tools, for example, NHS Better Health apps and websites

Integration and co-location of health and wellbeing services

Example interventions include:

- Bringing together different health and wellbeing services under one roof in an accessible high street location – where appropriate, this could be as part of a wider community hub which houses a range of community services and activities under one building, creating a place for people to mix with others
- Turning disused or under-used high street buildings into health and wellbeing hubs

63 https://www.gov.uk/government/publications/government-announces-25-trailblazer-neighbourhoods-to-receive-long-term-investment/government-announces-25-trailblazer-neighbourhoods-to-receive-long-term-investment-details

64 https://www.gov.uk/government/publications/plan-for-neighbourhoods-prospectus-and-tools/plan-for-neighbourhoods-prospectus

65 https://www.gov.uk/government/publications/plan-for-neighbourhoods-prospectus-and-tools/plan-forneighbourhoods-prospectus

- Utilising retail spaces for healthcare initiatives, such as clinical, community, diagnostic, and mental health and wellbeing services so that towns benefit from improved accessibility, reduced carbon footprint, and economic revitalisation – some example services are:
    - Domestic abuse
    - Homelessness
    - Substance abuse
    - Early years and ageing well services
    - Mental health, mindfulness and suicide prevention plus young person mental and health resilience training
    - Smoking cessation
    - Exercise classes and support sessions
    - Healthy eating and nutrition classes

Funding for local sport and activity facilities, events, teams and leagues, to foster community engagement and connection

Example interventions include:

- Refurbishing and maintaining existing sports facilities
- Funding for community sports leagues
- Redeveloping an unused area to build sports facilities
- Developing new 3G sports pitches and other sports facilities

Funding to support preventative public health initiatives and campaigns

Example interventions include:

- Funding for support groups or specialist advice services on public health issues, such as stop smoking services
- Encouraging the use of free campaign materials from NHS Better Health

Provide drug and alcohol support for people with experience of homelessness and rough sleeping

Example interventions include:

Setting up or supporting a Lived Experience Recovery Organisation (LERO) – this could involve working with existing LEROs and collaboration with existing community organisations and venues such as community centres, churches, and libraries

Establishing therapeutic and community-connection activities using shared community spaces, for example community gardens and art therapy groups

The Secretary of State for Health and Social Care has set out his intention in the Ten Year Health Plan to review funding formulas with an aim of diverting more resources into parts of the country with the greatest health inequalities.[66] However – and perhaps oddly given the focus on the development of a Neighbourhood Health Service as part of the Ten Year Health Plan – there is no direct reference to the 'Plan for Neighbourhoods' within the Department of Health and Social Care document.[67]

ICON analysis (see figure 13 below) has shown the clear links between areas with poorer health, higher deprivation and low levels of social infrastructure.

66 https://www.telegraph.co.uk/news/2025/06/25/streeting-hand-working-class-areas-greater-share-nhs-funds/

67 https://assets.publishing.service.gov.uk/media/6866387fe6557c544c74db7a/fit-for-the-future-10-year-health-plan-for-england.pdf

Figure 13: ICON analysis of breakdown of Hyper-Local Need Measure by levels of neighbourhood deprivation and social infrastructure[68]

Source: ICON analysis of OCSI Hyper-Local Need Measure; Indices of Multiple Deprivation; OCSI Community Need Index

In approaching the development of neighbourhood health as part of the Ten Year Health Plan the Government will need to avoid siloing the agenda and funding and associated action within health policy alone.

A health-only or health-first approach (particularly if rooted through the NHS) fixated on the delivery of a set of services is unlikely to succeed or achieve the results and improvements that are needed. Instead what is required is a re-modelled approach that adopts a genuine cross-organisational effort where investments in these communities are properly co-ordinated to maximise and sustain impact. Investing widely for example in the social infrastructure of these neighbourhoods should result in a positive impact on people's health and wellbeing, thereby delivering health related benefits (this could be for example improvements in mental health or increases in physical activity).

As the Department moves forward with its plans for neighbourhood health it should therefore work more closely with other Government Departments – particularly MHCLG and the Cabinet Office – to make sure that there is an aligned approach that supports tackling health inequalities in the most deprived neighbourhoods in the country. Such cross government action should explore ways to accelerate progress and unlock synergies of work and funding between agencies and bring neighbourhood health and the Plan for Neighbourhoods together.

68 https://www.neighbourhoodscommission.org.uk/wp-content/uploads/2025/03/Think-Neighbourhoods-Report-FINAL-March-2025.pdf

It will also be important for the Government to return to its original health mission – published when in Opposition – and ensure it is reflective of a broader health agenda beyond access to NHS care and waiting times for treatment. Labour's health mission and manifesto committed to 'improve healthy life expectancy for all and halve the gap in healthy life expectancy between different regions of England.'[69]

Such a commitment is repeated in the Ten Year Health Plan but there is little detail on what progress the policies within the Plan will make towards this ambitious goal, and there will need to be far more wide-ranging and joined-up action between government agencies and other partners to deliver on this.[70]

In turn, plans for just 40-50 Neighbourhood Health Centres in this Parliament are unlikely to be ambitious or politically salient enough and the Government should go further and faster in developing these centres. The Government's recent Spending Review identified 350 places for increased communities funding, including the 75 within the Plan for Neighbourhoods.[71]

The Ten Year Health Plan also commits to spending more NHS resource in primary and community services, but fails to include a target or ambition for this. The Government's forthcoming delivery plan should include a clear spending target so that resources move from hospital to community settings.

The Government and NHS should also develop a guide to delivering neighbourhood health developed in partnership with local government, the voluntary sector and others to support the effective roll-out and implementation of the service. The guide should act as an enabling tool for local areas to build and design services around the needs of their local populations. Clear timelines should also be published for when the announced funding formula review will be completed and this should be a priority for the delivery plan for the Ten Year Health Plan that is set to be published later in the year.

69 https://labour.org.uk/wp-content/uploads/2023/05/Mission-Public-Services.pdf

70 https://assets.publishing.service.gov.uk/media/6866387fe6557c544c74db7a/fit-for-the-future-10-year-health-plan-for-england.pdf

71 https://www.gov.uk/government/publications/government-announces-25-trailblazer-neighbourhoods-to-receive-long-term-investment/government-announces-25-trailblazer-neighbourhoods-to-receive-long-term-investment-details

THE FUTURE? NEIGHBOURHOOD HEALTH IN ACTION

The good news is that delivering on neighbourhood health is not happening from a standing start. Across the country there are already a number of examples of innovative practice emerging.

A joint report from the NHS Confederation, PPL and Local Trust identified the following common features relating to successful community-led change:

- Neighbourhoods that reflect how people understand their own area
- Bringing people together for a common purpose
- Careful listening and wide involvement
- Investment of time and energy in connecting people to each other
- A range of different activities – often small-scale, to meet particular needs
- An asset-led approach, including local schools, businesses and others
- Mutual support to and from local primary care and other public services
- New forms of accountability - facilitating change, not prescribing it
- The presence of key enablers, including physical and mental space within which to innovate
- With funders prepared to trust with both light-touch' and long-term support

NHS England guidance published in March 2025 noted that there were no known examples of neighbourhoods delivering the six core components as set out in their neighbourhood health guidelines.[72] NHS England did though list a series of examples of neighbourhood health in action. The summary of these examples is in the table below.

The examples cover a wide range of different healthcare services across primary care, palliative care, mental health, urgent neighbourhood health, children's health, women's health, data linkages and homecare.

However the geographical spread of examples is perhaps instructive and is heavily skewed towards London and the South East. 6 of the 12 case studies are from these regions. Just two are from the North East and Yorkshire region and there are none from the South West and North West of England.

More positively, two thirds of the examples selected do point to the importance of working with the voluntary sector to deliver changes in neighbourhood health.

72 https://www.england.nhs.uk/publication/neighbourhood-health-case-studies-of-good-practice/

Perhaps inevitably there is a strong focus in the case studies on the impacts of the changes made on health service access and utilisation, with fewer references to wider patient and public outcomes in the examples.

Table 3: NHS England neighbourhood health examples

Case Study	Region	Primary area of focus	References to voluntary/ third sector
Linking data and embedding a single system-wide population health management approach: Lincolnshire Integrated Care System	North East and Yorkshire	Health data	Yes
Addressing health inequalities faced by people with severe mental illness through mental health practitioners in primary care teams: Cambridgeshire and Peterborough	East of England	Mental health/health inequalities	Yes
Improving access and workforce wellbeing through a modern general practice model: Lime Tree Surgery, London	London	Primary care access/workforce	No
Transforming care through modern general practice and population segmentation: Brookside Group Practice, Reading	South East	Primary care access	No
Standardising community health services to address variation and improve outcomes: North Central London Integrated Care System	London	Community health services	Yes
Strong working relationships as the bedrock of neighbourhood multidisciplinary teams (children and young people focused): Connecting Care for Children	London	Children and young people	Yes
Working with communities to mobilise change through neighbourhood multidisciplinary teams (frailty focused): Northamptonshire	East Midlands	Frailty	Yes

Provision of person-centred holistic care delivered by neighbourhood multidisciplinary teams (high intensity use focused): Washwood Heath Health and Wellbeing Centre, East Birmingham	West Midlands	High intensity users	Yes
Women's health hubs providing integrated care at neighbourhood level: Tower Hamlets Women's Health Hub, London	London	Women's health	No
Strong relationships between system partners and multi-professional teams (palliative care and end-of-life care focused): Thanet Acute Response Team, East Kent	South East	Palliative and end of life care	Yes
Supporting effective collaboration for 'Home First' rehabilitation, reablement and recovery services through a system-wide reporting suite and common analytics dashboard: Leeds HomeFirst	North East and Yorkshire	Intermediate care	Yes
Clear lines of accountability and clinical governance structures to deliver effective urgent neighbourhood services: East Kent	South East	Urgent neighbourhood services	No

A broader search of the literature reveals a number of examples of neighbourhood health in action, more aligned to the regions and areas of this report, that can be learnt and built from.

Northwood Together Big Local[73]

Northwood Together aims to address social, economic and health-related challenges in a deprived neighbourhood in Liverpool. Their initiatives focus on fostering community spirit and providing comprehensive support to residents.

Northwood is among the 10 per cent most deprived wards nationally according to the index of multiple deprivation, with 53.8 per cent of children and 46.4 per cent of older people experiencing poverty.

The work is driven by a comprehensive community engagement approach based on community development principles, practices, and values. This involves listening to the community's concerns and building trust through open communication and creative engagement methods, emphasising a community development approach to health and the wider determinants of health.

Initiatives like the Shape Shifters programme address specific needs such as weight management, providing gym memberships, nutritionist access, and personal training. These programmes are tailored to meet the community's health needs effectively.

Northwood Together plays a crucial role in connecting people with essential services, including signposting to GPs for health issues, referring to debt management services, and providing job training opportunities. This holistic approach ensures residents receive comprehensive support beyond the community initiatives. Northwood Together also provides an accessible entry point to these statutory services that residents might not otherwise engage with.

Collaborations with local organisations like Liverpool Football Club and Morrisons have been crucial. For example, Liverpool Football Club donates 75 meals weekly, which are delivered to local people, enhancing community support and engagement.

Feedback collected has shown improved physical and mental health amongst participants.

Doncaster: mutual support for mental health[74]

In Doncaster, former social worker Kelly Hicks responded the disillusion she felt with the mental health system by setting up a community of mutual support: People First Group (PFG).

73 Case study identified by NHS Confederation: https://www.nhsconfed.org/case-studies/northwood-together-big-local

74 Case study identified by New Local: https://www.newlocal.org.uk/publications/community-powered-nhs/

Today, the 600+ members not only connect to support each other, but organise day trips, football tournaments and other activities.

The initiative has been so successful that an estimated 90 per cent of cases group members no longer contact the local crisis team.

A recent evaluation put the group's social value at £3.2 million, and calculated that by spending £1, statutory services have seen £69 of value created.

At the end of 2019 the NHS commissioned PFG to help run a new service providing out-of-hours support for people experiencing mental health crises. They made 1000 referrals in 2020.

And now, a new partnership with the Yorkshire Ambulance Service see PFG providing a dedicated crew to divert from A&E seven days a week.

West End Morecambe Big Local – social prescribing

West End Morecambe Big Local aims to enhance integration between various community services and sectors, including health, social care, and local businesses. Uniting the efforts of these organisations and creating collaboration rather than competition is key to creating a cohesive support system for residents to tackle its complex and interrelated challenges, which contribute to increased mental health issues and a greater need for cohesive support systems.

Morecambe is one of the poorest neighbourhoods in the UK, with significant economic and social deprivation. West End Morecambe Big Local aims to address these challenges through targeted interventions that respond to neighbourhood needs and community-driven projects.

A social prescribing model has been integrated with the primary care EMIS system. It allows healthcare providers, such as GPs, to seamlessly refer patients to voluntary sector services. It is designed to address non-medical issues that impact health, such as social isolation, mental health, and physical inactivity by linking patients with community resources like fitness activities, gardening clubs, and social groups. It has been especially critical in addressing conditions like respiratory issues and frailty helping to reduce hospital admissions and improve overall wellbeing. Additionally, the two-way communication between healthcare providers and social prescribing link workers ensures that the outcomes of these referrals are monitored and recorded within the patient's medical history enhancing the continuity of care.

The project has demonstrated improved health outcomes, such as increased physical activity and reduced hospital visits due to effective social prescribing. For example, the Breathe Easy choir group helps participants improve lung health through singing.[75]

75 Case study identified by NHS Confederation: https://www.nhsconfed.org/case-studies/west-end-morecambe-big-local

TR14ers: improved children's physical and emotional health through free weekly dance classes

TR14ers, named by the young residents after their post-code, is a youth led Community Dance Charity based in Camborne, Cornwall. It was originally set up in 2005 when the Camborne Neighbourhood Police Team, looking for new ways to reduce youth related anti-social behaviour (ASB), undertook the first ever Connecting Communities (C2) programme, developed by frontline health practitioners at Exeter University.

During a C2 Listening Event the young people stated clearly there was nothing positive for them to do and that they'd love to learn street dance. The Police worked with them to set up workshops resulting in transformative outcomes in terms of health, increased educational attainment and reduced ASB and over ensuing years, when the Police stepped back, TR14ers evolved into a self-managing charity.[76]

76 Case study identified by the Health Creation Alliance and adapted from: https://thehealthcreationalliance.org/wp-content/uploads/2024/05/THCA-Health-Creation-2024-Manifesto-_-May-2024-2.pdf; http://www.tr14ers.org.uk/

CONCLUSION

The Government has rightly put neighbourhood health at the centre of its reforms to the NHS.

However as this research shows, the need for action to improve health in the neighbourhoods with the poorest health is urgent. Public services such as the NHS are under huge pressure and growth in the economy remains sluggish. There are wide health inequalities across the country, impacting on people's quality of life.

Positive steps have been taken to realise this agenda through both the Plan for Neighbourhoods and the Ten Year Health Plan. However as yet action does not appear to be co-ordinated.

Change will only be fully realised if clear funding is in place, Government agencies work more closely together and if an operating model is allowed to germinate which – as New Local sets out – moves from traditional top-down hierarchies to a more devolved and collaborative approach.

The Government has spent a year formulating its plans for neighbourhood health, it now needs to move more quickly and with greater ambition to implement it.

Pulling this off will not only be good for local people and local economies, but also for the Government's political fortunes as it looks towards the next election.

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