National Neighbourhood Health Implementation Programme

The Strategy Unit.

Neighbourhood Health Implementation Programme Intelligence Centre (NHIPIC):

Evidence Briefing: What is Neighbourhood working?

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NHS

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1. Introduction

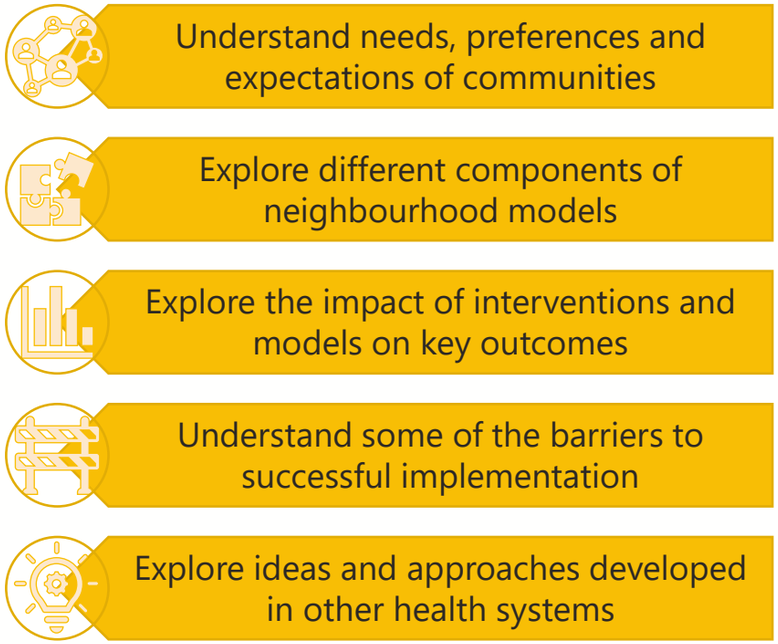
a) Introduction

1a. Introduction

The Neighbourhood Health Implementation Programme Intelligence Centre (NHIPIC) is here to support you in designing, implementing, and evaluating your neighbourhood health model.

As part of this support, we help you navigate the evidence base—making sense of key findings and lessons from research and innovation. Through products such as evidence maps, short briefings, and in-depth reviews, we aim to distil important insights.

How evidence can help you



Neighbourhood health is a central policy priority and as such has attracted a wide range of attention and perspectives. This evidence briefing is an initial product from the NHIPIC, offering a summary of how neighbourhood health is currently being defined and discussed.

It brings together:

- Key policy and guidance documents
- Commentary from thought leaders
- Lessons from recent literature on design and implementation

The review focuses on the most recent policy and guidance, as well as contemporary sources of evidence published within the last year—particularly in anticipation of or response to the recent 10-Year Health Plan.

This briefing does not aim to provide definitive answers. Instead, it highlights emerging themes and insights to inform your thinking and support your next steps.

2. Policy and guidance

a) The 10 Year Health Plan

b) 2025/2026 Neighbourhood health guidelines

2a. The 10 Year Health Plan

The 10 Year Health Plan is part of the government's health mission to build a health service fit for the future (Department of Health and Social Care, 2025). A Neighbourhood Health Service that aims to *"bring care into local communities, convene professionals into patient-centred teams and end fragmentation"* is key to the plans. Key initiatives supporting a Neighbourhood Health Service include:

Neighbourhood teams	Multi-professional teams, including NHS, social care, and voluntary sector. They will trial and scale new roles e.g. community health workers and peer support workers. Volunteers will be included and supported via a central NHS volunteer platform launching 2025.
Neighbourhood providers (NHP)	Will convene professionals into new neighbourhood teams, and be supported via two new contracts beginning in 2026: 1. Single Neighbourhood Providers: Population of ~50,000, delivering enhanced services for groups with similar needs over a single neighbourhood area. Contracts likely to be led by Primary Care Networks. 2. Multi-Neighbourhood Providers: Population of 250,000+, delivering cross-neighbourhood services (e.g. end of life care) and functions. Contracts open to GP federations and other providers (including NHS Trusts).
Neighbourhood Health Centre (NHC)	Open a minimum of 12 hours/day, 6 days/week they will co-locate NHS, local authorities, and voluntary services. Traditionally hospital-based services—such as diagnostics, post-operative care, and rehabilitation as well as wider support services such as debt advice, employment support, smoking cessation, and weight management to be included. Areas with the lowest healthy life expectancy will be prioritised.
Year of Care (YoC) Payments	Single annual budgets per patient covering all care types (primary care, community health services, mental health, specialist outpatient care, emergency department attendances and admissions). They are intended to provide an incentive to keep patients healthy and out of hospital. They will be included in new neighbourhood provider contracts, with pioneers testing the model when launched in 2026/27.
Integrated health organisation (IHO)	The "best" foundation trusts may hold whole health budgets for local populations. IHO required to support integration, shift resources to community, and tackle inequalities. A small number of IHOs will be designated in 2026, with a view to them becoming operational in 2027.

2b. 2025/26 Neighbourhood health guidelines

NHS England (2025) have published neighbourhood health guidelines for 2025/26 to help progress neighbourhood health.

The guidelines set out the vision for all neighbourhoods over the next 5 to 10 years (see Figure 1).

For 2025/26 the focus is the innermost circle with the focus on strengthening primary and community care to prevent people spending unnecessary time in hospital and care homes. Over time as relationships between the local partners develop, the expectation is that systems move on to the outer circles.

The initial focus for 2025/26 is supporting adults, children and young people with complex health and social care needs who require support from multiple services and organisations.

The minimum aims for 2025/26, include:

- improving timely access to general practice and urgent and emergency care
- preventing long and costly admissions to hospital
- preventing avoidable long-term admissions to residential or nursing care homes.

Figure 1. Vision for all neighbourhoods over the next 5 to 10 years (taken from NHS England, 2025)

3. What is neighbourhood health?

a) Models and concepts of neighbourhood health

b) Definitions of neighbourhood

c) Key components of a neighbourhood health approach

d) Foundations of neighbourhood working

e) The integrator: neighbourhood health provider

f) Key domains of effective integrated neighbourhood models

3a. Models and concepts of neighbourhood health

There are many different conceptualisations of neighbourhood health. The NHS England 2025/26 neighbourhood health guidelines depict three models according to maturity (NHS England, 2025) (see slide 5, figure 1).

The initial focus on neighbourhood working involves NHS and social care integrated working. The expectation is as core relationships between the local partners grow, stronger systems are expected to focus on broader integrated work with wider public services and third sector support, including social care, public health and other local government services (shown in the outer circles).

Naylor (2025) sets out three models:

1. **NHS**: Focuses on improving coordination and responsiveness of health and social care for high-risk individuals.
2. **Local government**: Brings together multiple agencies to support people facing poverty, exclusion, or complex needs beyond the scope of individual services.
3. **Community-led**: Empowers residents to tackle local priorities using community strengths and resources.

The models described in the NHS England 2025/26 neighbourhood health guidelines align with NHS and local government models.

The NHS Confederation (2024a) argues that community-led neighbourhood health models are unlikely to be able to sustain and enhance community health and wellbeing without statutory support that provides essential assets and infrastructure (PPL, 2024).

As such they conceptualise neighbourhood working is in the middle of a spectrum that ranges from wholly community led to wholly statutory led.

In this collaborative model neighbourhoods—typically self-defined and very localised—partner with statutory services to improve health and wellbeing for the people living there. Both statutory and non-statutory stakeholders contribute their assets, capability, capacity and experience toward a shared objective. The specific members involved differ depending on how developed the model is as well as the scope of the model (NHS Confederation, 2024a; PPL, 2024).

This model aligns with the outermost circle depicted in NHS England 2025/26 neighbourhood health guidelines (NHS England, 2025), and the local government model proposed by Naylor (2025).

3b. Definitions of neighbourhood

There is no universal definition for neighbourhood health. Each model determines how neighbourhood is defined.

PPL (2024) suggest that the uniting factor for neighbourhood working centres on engaging a specific community or group of geographically connected communities.

It is important that the definition and purpose are clear as Naylor (2025) warns *"there is a risk of overloading the concept of neighbourhood working by trying to pack so much into it that it becomes anything and everything (or nothing at all)*.

This foundational element ensures that the community being served is clearly identified and meaningfully involved (PPL, 2024).

Examples of Neighbourhood Definitions

According to the NHS Confederation (2024a), neighbourhoods can be defined in various ways:

- Statutory-led examples tend to use administrative boundaries, such as primary care network geographies or local authority boundaries
- Community-led examples use flexible boundaries e.g. rural, community-led examples using mobile outreach to get to sometimes very small and dispersed populations that are poorly served by public transport.
- Some neighbourhoods may be defined as a "community of interest" – such as the homeless population in a city, or expectant mothers. Population data may be used to target work, or may be established through a community representative responding to the observed needs of the area they live in.

Diversity Within Neighbourhoods

Neighbourhoods encompass many communities living in the same geographical area. Different communities may have distinct beliefs, values, and priorities that affect how they view and respond to issues like health, the local environment or use of local resources.

Neighbourhood models often have varying levels of participation. The level of participation can influence the activities and goals of neighbourhood working (NHS Confederation, 2024a).

3c. Key components of a neighbourhood health approach

Neighbourhood working may involve creating Integrated Neighbourhood Teams (INTs), but it's not limited to this approach (PPL, 2024). The NHS Confederation (2024b) suggest these teams can serve as a stepping stone toward a more community-focused NHS, however, the most effective models go further—enabling services to collaborate with residents to co-design better outcomes, while preserving successful community-led initiatives that already support local wellbeing. Three key components of a neighbourhood health approach are proposed by the NHS Confederation (Sansum, 2025):

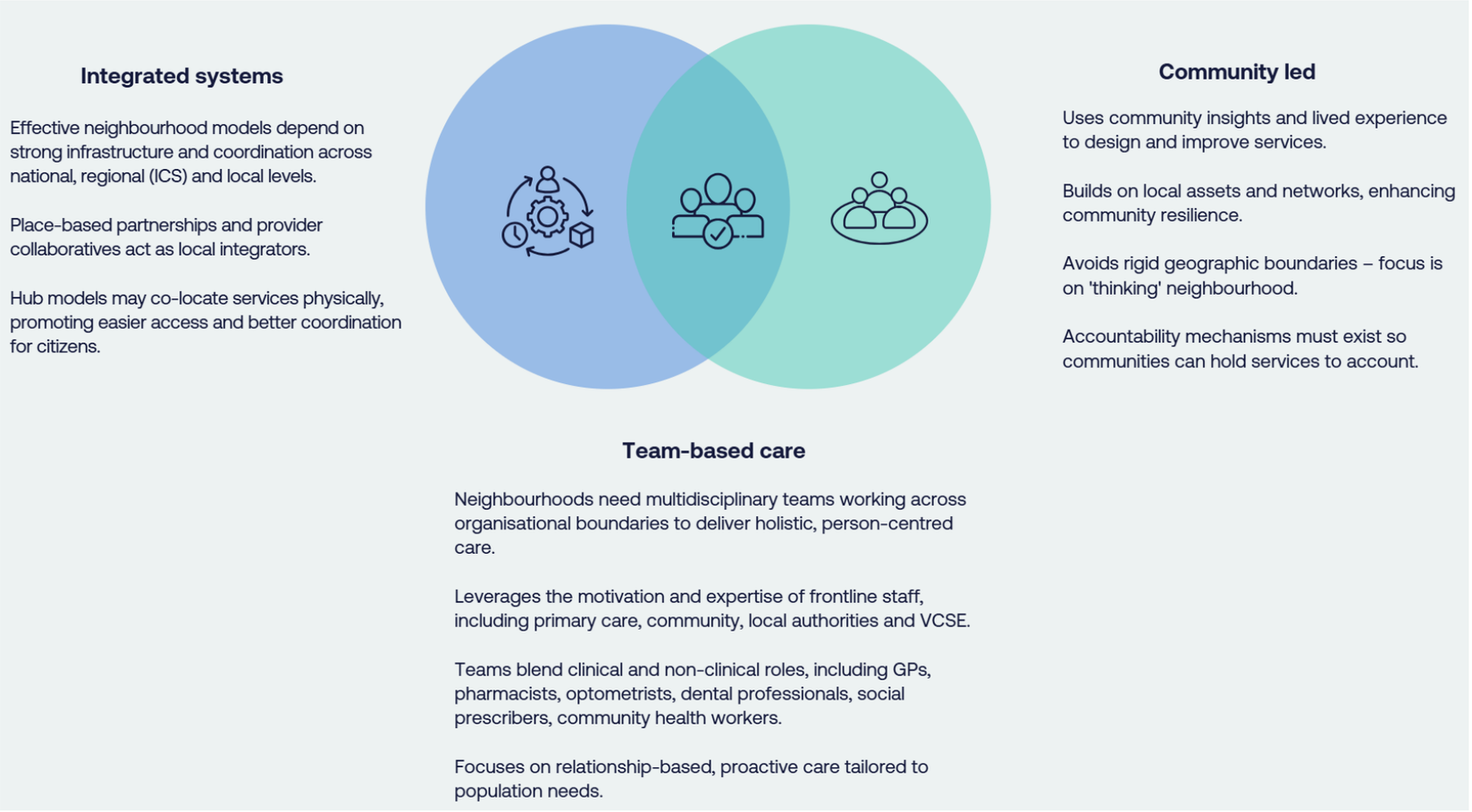


Figure 2. Essential components of a neighbourhood health approach (taken from Sansum, 2025)

3d. Foundations of neighbourhood working

The NHS England 2025/26 neighbourhood health guidelines (NHS England, 2025) set out six core components associated with an effective neighbourhood service:

Population Health Management	Build and use a linked, person-level dataset across health and care services to segment and risk stratify populations and guide strategic planning and resource allocation.
Modern General Practice	Support general practices to deliver improvements in access, continuity and overall experience for people and their carers. This includes delivering proactive, accessible, and continuous care through streamlined digital and in-person pathways. Staff should also have access to structured information about the complexity of the presenting complaint and need to support efficient navigation and triage of needs.
Standardising Community Services	Commissioning community health services as part of an integrated neighbourhood health offer, using the Standardising Community Health Services publication to ensure funding is used to best meet local needs and priorities. Care provided should address physical, mental health and social care needs and be seamless and joined-up.
Neighbourhood MDTs:	Establish integrated teams across health, social care, VCFSE and wider partners to deliver proactive, planned and responsive care based on population needs. MDTs will deliver a range of services including holistic assessments, case reviews, care planning and coordination of services including social prescribing. A core team is assigned for complex case management, with links to an extended team that enables access to additional specialist resource as needed.
Integrated intermediate care	Provide short-term rehabilitation, reablement and recovery services working in integrated ways across health and social care and other sectors to deliver a therapy-led approach. Referrals can be directly from the community or as part of hospital discharge planning, using a 'home first' approach with assessments and interventions delivered at home where possible and working closely with urgent neighbourhood services.
Urgent neighbourhood services	Align and scale virtual wards and community response to meet local demand and deliver coordinated access through a single point of access (SPOA).

3e. The integrator: neighbourhood health provider

The neighbourhood health provider was introduced in the ICS Blueprint (NHS England, 2025) which set out that the development of neighbourhood and place-based partnerships will transfer to neighbourhood health providers over time.

The 10-year plan (Department of Health and Social Care, 2025) subsequently introduced two neighbourhood provider contracts beginning in 2026, one for single neighbourhood providers and one for multi-neighbourhood providers.

A briefing from the NHS Confederation (Sansum, 2025) describes the neighbourhood health provider as a function rather than a form such as a new organisation or governance structure. Neighbourhood health providers operate at the place level to provide the support system that makes neighbourhood working possible.

Neighbourhood health providers will be delivered by an existing organisation(s) who support frontline teams by coordinating funding, data, workforce, estates, and other enablers (Sansum, 2025). They will act as partners in delivering ICB-commissioned services, guided by place-based strategies and leveraging scale and collaboration to maximise local impact (Sansum, 2025).

Key functions of neighbourhood health providers may include:

- Governance and accountability
- Funding, contracting and pooling of budgets
- Service design and consistency of place-based service offers
- Bridging with secondary and specialist care
- Data and digital support system
- Workforce coordination
- Estates and support system (Sansum, 2025).

A HSJ article by Launder (2025) warns that a low number of GP-run providers are currently capable of what will be asked. She stresses that delivering neighbourhood health services will require significant managerial expertise—something only a small number of GP federations currently demonstrate.

3f. Key domains of effective integrated neighbourhood models

A systematic review (Iqbal et al., 2025) exploring integrated neighbourhood models identifies seven key domains of effective integrated neighbourhood models. These domains are intended to offer a structured lens through which to examine the functioning and impact of integrated neighbourhoods:

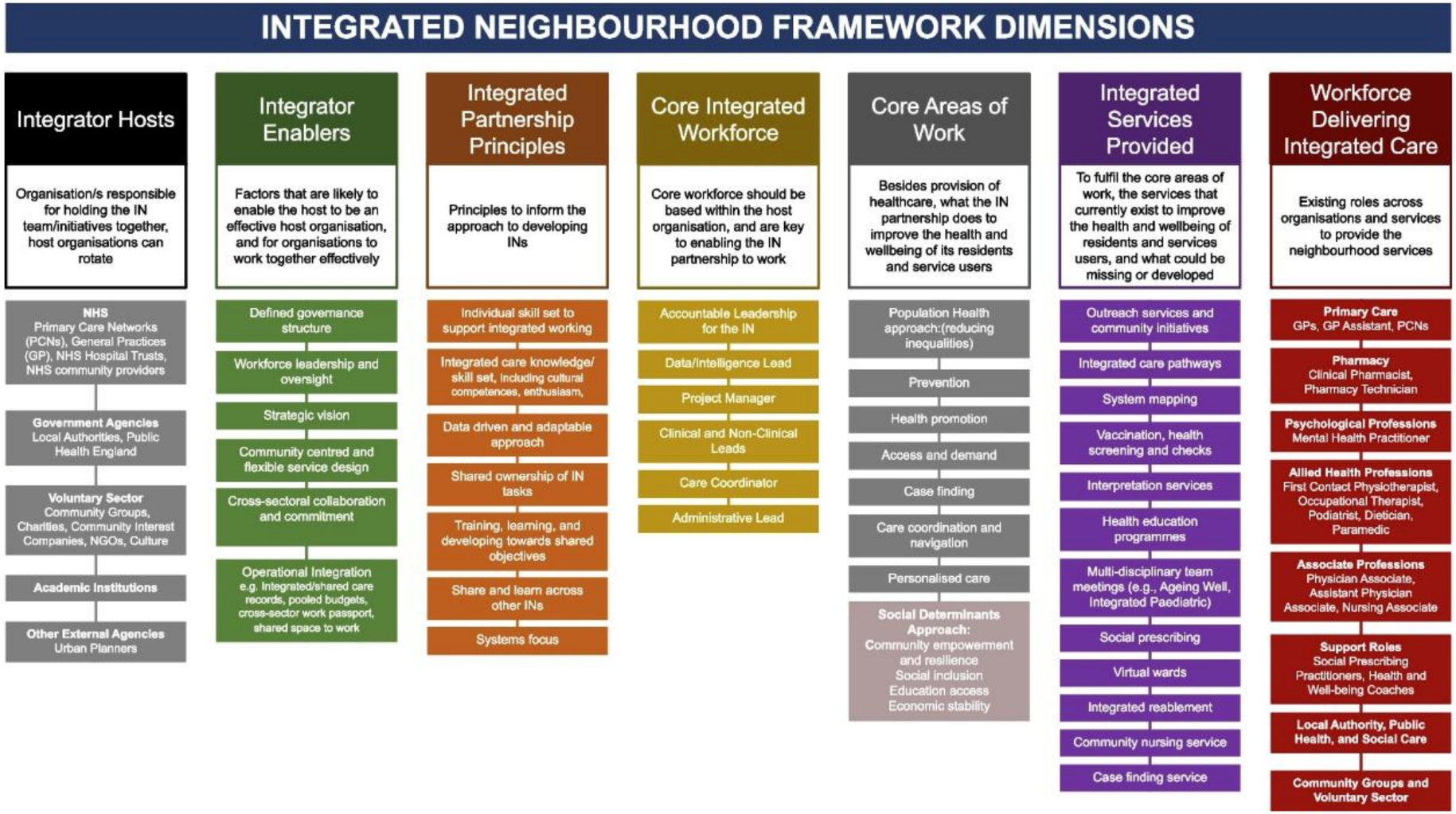


Figure 3. Integrated Neighbourhood framework domains (taken from Iqbal et al., 2025)

4. Rationale and anticipated benefits of neighbourhood working

a) Neighbourhood working - Case for change

b) Anticipated benefits of neighbourhood working

4a. Neighbourhood working - Case for change

The first chapter of the NHS 10-year plan is titled '*it's change or bust*' (Department of Health and Social Care, 2025). Included in this chapter is reference to a broken NHS and how both the public and staff recognise the current model of care is no longer fit for purpose. Consequently, the policy sets out that status quo is no longer an option, and transformation is needed.

The plan describes two reasons for unsatisfactory status quo.

1. Staff and resource have increasingly been concentrated in hospitals alongside these institutions becoming more disconnected from many local communities. This has created a model of *'you come to care'*, rather than one where *'care comes to you'*.
2. Healthcare is structured into numerous fragmented silos—spanning community care, primary care, mental health services, hospitals, social care providers, local government, and the voluntary sector. Meaning that healthcare isn't a single, coordinated, patient-orientated service.

Neighbourhood working is seen as key to this transformation and building a health service fit for the future.

The plan sets out that a Neighbourhood Health Service would be designed around individual patient needs and aims to replace the current "hospital centric" NHS, which is fragmented and disconnected from communities (Department of Health and Social Care, 2025).

The NHS Confederation (2024b) highlights that much of what drives service demand and health inequalities sits outside of the power of our current health services to influence. As such they warn that that any transformation of public services will only succeed if it is underpinned by a deeper shift in the relationship between statutory services and the communities they serve—building on the most effective practices already emerging within our neighbourhoods (NHS Confederation, 2024b).

Putting simply the aim is to:

- prevent unnecessary hospital and care home stays
- strengthen community and primary care, enabling the delivery of care closer to home
- connect citizens to wider services including social care, VCSE and public health (Sansum, 2025).

4b. Anticipated benefits of neighbourhood working

The case for change outlined in 'A Neighbourhood Health Service for London' argues that integrated working at the neighbourhood level—across physical and mental health services, local authorities, wider public services, and the voluntary and community sector—offers the most effective environment for achieving the central goals of health systems (London Health and Care Partnership, 2025).

Central goals of health systems in England and around the world (London Health and Care Partnership, 2025).

- improving population health
- improving the quality and experience of care
- reducing cost and improving value
- creating rewarding work for staff and
- reducing inequalities

The NHS England (2025) neighbourhood health guidelines identify the strengthening of primary and community care for populations with the greatest potential to enhance independence and reduce reliance on hospital services and long-term residential or nursing care as an initial priority for system-wide transformation.

The guidelines anticipate that this would improve health outcomes and equity by preventing deterioration and complications, enhancing recovery, streamlining access to timely care, expanding community-based services, reducing hospital and care home admissions, improving staff and patient experience and working better with communities to make better use of public and voluntary sector resources.

A literature review conducted by PPL (2024) indicates that neighbourhood working aims to tackle some of the most pressing social, economic, and health challenges facing communities—particularly by advancing the twin goals of improving population health and reducing health inequalities.

Other positive outcomes such as driving economic growth, boosting employment, and reducing pressure on statutory services have been identified as potential outcomes of neighbourhood working (NHS Confederation, 2024b).

5. Enablers of neighbourhood working

a) Key enablers to neighbourhood working

5a. Key enablers to neighbourhood working

Our analysis of key resources suggests nine key enablers of neighbourhood working:

Resources include:

- NHS England, 2025; PPL, 2024 ; Long et al., 2025; Edwards, 2025; King and Conway, 2025; Gkiouleka et al., 2025; Kingsland and Batchelor, 2025; Iqbal et al., 2025

5a. Key enablers to neighbourhood working

Vision, Leadership & Culture

Effective neighbourhood health working is grounded in a **shared vision** (Edwards, 2025), supported by a **positive organisational culture** (PPL, 2024) and driven by **strong, committed leadership** (Long et al., 2025). It requires:

- **Leaders who role-model collaboration**—demonstrating a shared commitment, capability, and motivation (PPL, 2024).
- A **transparent approach** (Kingsland and Batchelor, 2025), and a **high-support, high-challenge culture** that fosters trust, shared values, and accountability across system partners (NHS England, 2025).
- **Visible clinical and professional leadership** at system and place levels, co-developing models with communities to improve local health outcomes (NHS England, 2025).
- **Leadership that champions neighbourhood-level change** (King and Conway, 2025)—recognising neighbourhoods as sources of value, not just populations to treat (NHS England, 2025).

Relationships & Collaboration

Shifting culture and working practices in neighbourhood health working requires **trust-based collaboration** rooted in **strong relationships** (Edwards, 2025). This is achieved by:

- Building **strong relationships** founded on trust and mutual respect (Long et al., 2025).
- Enabling **cross-sector collaboration,** with active commitment from local authorities and system partners (Iqbal et al., 2025).
- **Working with communities as equal partners**, not as stakeholders to be managed (PPL, 2024).
- Creating **inclusive and accessible spaces** that overcome language, cultural, and knowledge barriers (PPL, 2024).
- **Investment in relational infrastructure** ((Kingsland and Batchelor, 2025), including protected time for multidisciplinary team (MDT) meetings to support joint working (Long et al., 2025).

5a. Key enablers to neighbourhood working

Workforce

A **flexible, diverse** (Iqbal et al., 2025) and **well-supported workforce** (NHS England, 2025) is essential to the success of neighbourhood health models. It requires:

- **Training, upskilling, and professional development** to build capability and confidence (PPL, 2024; Long et al., 2025).
- **Co-designed training** with local teams, ensuring it is relevant and equipping both professionals and communities with the tools they need Kingsland and Batchelor, 2025).
- **Clear roles and responsibilities** (Long et al., 2025) balanced with **flexibility to respond to the unique needs** of each neighbourhood (PPL, 2024; Iqbal et al., 2025) —including **creative workforce deployment** (King and Conway, 2025).
- **Protected time and shared spaces** for collaboration (PPL, 2024), including co-location to strengthen multidisciplinary working (Long et al., 2025).
- **Mobilising volunteers** to extend community engagement beyond the reach of statutory services and build stronger local connections (PPL, 2024).

Community Engagement & Ownership

Effective neighbourhood models are built on effective **community engagement** (Iqbal et al., 2025) and the cultivation of **community ownership** (PPL, 2024). This is achieved by:

- **Understanding and leveraging community assets and strengths** to inform local solutions (PPL, 2024).
- **Building trust with marginalised communities** through strong, inclusive engagement (Gkiouleka et al., 2025).
- **Actively listening to and prioritising community needs** to co-design tailored solutions. (PPL, 2024).
- **Empowering local teams and leadership** over decision-making to drive change (Kingsland and Batchelor, 2025).
- Fostering ownership through **delegated control over resources and budgets** (Edwards, 2025).

5a. Key enablers to neighbourhood working

Governance

Effective governance is essential for neighbourhood health systems, providing the structure and accountability needed to support integrated working (PPL, 2024). This includes:

- A **mechanism for joint senior leadership in each place**, which help align priorities, coordinate efforts across sectors, and drive meaningful local change.

Funding and resources

Successful neighbourhood health systems require **long-term, flexible funding** (PPL, 2024), and **sustained resources** (Long et al., 2025). This may include:

- **Pooled funding** to support collaboration and maximise impact across local partnerships (NHS England, 2025; Long et al., 2025).

Information & data sharing

Interoperable IT systems and effective information sharing are critical to neighbourhood health working (Long et al., 2025; Gkiouleka et al., 2025).

Collaborative data sharing can be used to build knowledge-sharing platforms that enable a deeper understanding of patient profiles and risk, helping partners deliver tailored care using community health resources (King and Conway, 2025).

Learning, Evaluation & Adaptation

Learning and evaluation are essential to effective neighbourhood working (PPL, 2024). A strong **learning culture** encourages experimentation—embracing success, failure, and reflection (Edwards, 2025). **Monitoring and reporting progress** enables informed decision-making, helping partners understand what works, adapt to local contexts, and share learning across the system (PPL, 2024).

Local Infrastructure & innovation

Local infrastructure (PPL, 2024) **and innovation** are essential enablers of effective neighbourhood health systems. They support a **balanced bottom-up and system-wide approach**, allowing solutions to be **tailored to local needs** while collaborating on shared system-wide challenges (Edwards, 2025).

6. Barriers, risks and challenges of neighbourhood working

a) Key barriers to neighbourhood working

b) Risks and challenges of neighbourhood working

6a. Key barriers to neighbourhood working

A literature review conducted by PPL (2024) identifies the following key barriers to neighbourhood working:

- **Lack of trust in statutory services:** When individuals, neighbourhoods, and communities have negative experiences with statutory services or feel let down by them, it can undermine the trust required for truly effective and integrated working.
- **A lack of community infrastructure:** Limited physical and social infrastructure—such as meeting spaces or skilled individuals—hinders progress, especially in deprived communities where such resources are often more limited.
- **Challenges in reaching consensus:** Strong and varied views on how to improve community health and wellbeing of a neighbourhood or community may exists that make decision-making difficult, delaying consensus and sometimes increasing tensions within the neighbourhood.
- **Knowledge and awareness:** Service providers often have deep knowledge of their own services, which may not be shared by others. Many people in need may be unaware that such services exist.
- **Power dynamics between communities and statutory services:** All parties involved in neighbourhood working need a willingness to engage with one another in new ways. However, adapting to the needs of local VCSE organisations can be challenging for those in statutory services bound by formal standards and structures—and vice versa.
- **Stigma of accessing support:** Communities may face stigma when accessing certain support services or engaging with statutory partners, particularly where trust has historically been low.
- **Language and other socio-economic barriers:** Language barriers such as where English isn't the first language can exclude communities, while other may face exclusion due to barriers such as digital exclusion. In highly diverse areas with many spoken languages, these challenges may make collaboration even more complex.
- **Information exchange:** Sharing data between organisations remains a major challenge, particularly when neighbourhood-level work involves volunteers or those outside formal statutory bodies.

6b. Risks and challenges of neighbourhood working

Initial narrow (medical) focus

The NHS England 2025/26 neighbourhood health guidelines set out an initial focus on neighbourhood working that involves NHS and social care integrated working (NHS England, 2025).

While the guidance outlines a longer-term ambition of broader integrated work with wider public services and third sector support, Stein (2025) calls for clarity on whether the objective is to strengthen multidisciplinary team collaboration or to build fully integrated neighbourhood teams. Charles (2025) similarly, warns that this initial narrow focus that prioritises addressing pressures on acute hospitals, may undermine the broader vision of neighbourhood health. It risks overlooking or minimizing the involvement and impact of important contributors – in particular local government, the voluntary and community sector and communities themselves.

Furthermore, there are concerns that the proposed new NHS contracts could reinforce a medicalised approach to neighbourhood health if they become central to the mission (Tilley, 2025).

Prioritising organisational form over function

A briefing from the NHS Confederation (Sansum, 2025) emphasises that neighbourhood health provision should be understood as a function rather than a fixed form such as a new organisation or governance structure.

Stein (2025) warns against an "*over-obsession with organisational form*" arguing that effective neighbourhood working depends on strong relationships built on trust, collaborative action, and support for local leaders—whether clinical, nursing, or from the third sector. Similarly, Andy Hilton, a GP partner in Sheffield and long-time CEO of Primary Care Sheffield, expresses concern that discussions often focus more on form than function (Tilley, 2025). He instead suggests that local staff and leaders generally know what services and functions are needed in a neighbourhood so the focus should be on those and letting the form evolve.

6b. Risks and challenges of neighbourhood working

The tension between national direction and local needs

Empowering local teams and leaders is recognised as a key enabler of neighbourhood health (see Enablers of neighbourhood working). The NHS England 2025/26 neighbourhood health guidelines (NHS England, 2025) reflect this and state the guidelines are deliberately concise and offer a flexible framework—designed to guide implementation while allowing adaptation to local contexts.

However, (Charles, 2025) acknowledges whilst the guidance aims to balance national direction with local autonomy, achieving this balance may present implementation challenges to systems, and for the NHS England national implementation programme. Drawing on past experiences, Charles (2025) points to the mixed success of previous efforts, such as the rollout of the new care models programme, in navigating this tension.

Workforce planning needs to align with the vision

Stein (2025) highlights equitable workforce planning as a challenge to neighbourhood working, warning that pay disparities across similar roles can hinder collaboration. She calls for a clear strategy to grow the workforce needed for high-quality, community-based care.

Time and Scale to achieve change

To shift care from hospitals to the community effectively, neighbourhood initiatives must also transfer both activity and funding. Elkeles (2025), chief executive of NHS Providers stresses that *"the only way to truly take costs out of hospital settings is by closing wards – reducing bed demand, redeploying staff, and supporting patients in the most cost-effective and appropriate setting"*.

He further argues that the necessary scale needed to drive the left shift exists at the multi-neighbourhood tier —not within individual neighbourhoods. Elkeles (2025) states that realising the full potential of this approach demands clear definitions of which services belong to single neighbourhoods, which to multi-neighbourhood contracts, and how these tiers interconnect.

Stein (2025) adds that such change will take time, especially within existing financial constraints, as resources cannot simply be shifted from hospital wards to neighbourhoods

7. Appendix

a) References

7a. References

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