NEW LOCAL

A COUNCILLORS' GUIDE TO NEIGHBOURHOOD HEALTH

Questions to ask to ensure local plans build community power

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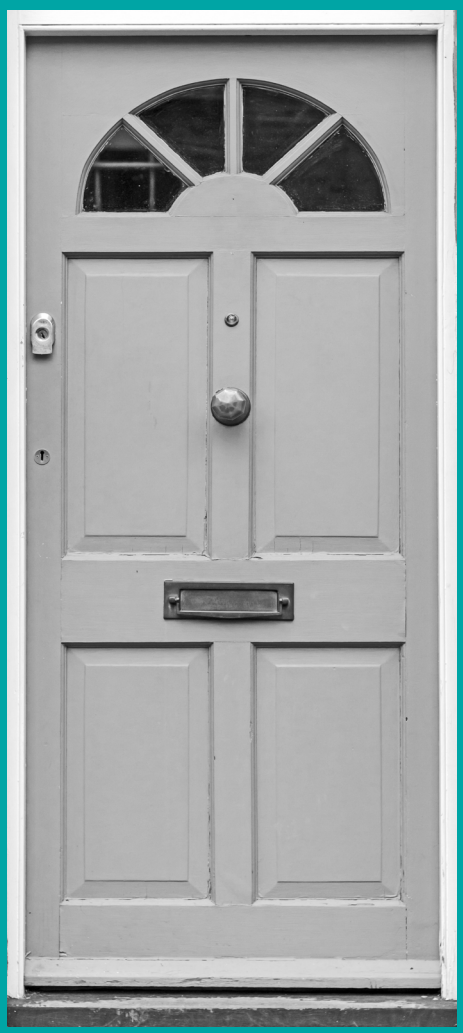

A councillors' guide to neighbourhood health

Questions to ask to ensure local plans build community power

The government's Neighbourhood Health Framework, released in March this year, asks every area to develop a local Neighbourhood Health Plan.

These plans present an opportunity for councillors who sit on Health and Wellbeing Boards and Scrutiny committees to shape what neighbourhood health means in their places.

The Framework is clear that these plans must be defined locally and designed under the collective leadership of the Health and Wellbeing Board. The planning should involve local authorities and voluntary, community and social enterprise organisations (VCSEs). The groundwork is being laid during 2026/27, with fuller plans due for 2027/28.

One risk is that the approach ends up focusing predominately on NHS services. This is a problem because research shows that clinical care accounts for only 10–20% of health outcomes. The remainder is driven by the social, economic and environmental conditions in which people live. As Michael Marmot and colleagues wrote:

'The health of the population is not just a matter of how well the health service is funded and functions, important as that is. Health is closely linked to the conditions in which people are born, grow, live, work and age and inequities in power, money and resources – the social determinants of health.'

If health is determined by social factors, it follows that empowering local communities is crucial to health improvement. Guidance from the National Institute for Health and Care Excellence (NICE) highlights the importance of an 'asset-based approach', which builds on the strengths and capabilities of local communities. If neighbourhood health plans are to reflect those strengths, they must be built with communities as partners with real power, not simply consultees after the event.

The questions in this guide are designed to help councillors probe this issue.

They enable an incisive exploration of whether a plan genuinely shifts power to people, or whether it simply reorganises services around them. They may prove useful in Health and Wellbeing Boards, Scrutiny meetings, or any forum where councillors have an opportunity to discuss neighbourhood health plans.

The questions are grouped into six themes that roughly follow the life of a plan: from its ambition, through to how it starts, who makes decisions on it, to how it is resourced and how its success is judged.

These questions are presented as a guide, not a script. Councillors should feel free to select the questions that they feel are most important. They can vary the language and tailor their questions to their local context.

This guide is a tool to continue the debate sparked by Putting the Neighbourhood Back into Neighbourhood Health, a provocation paper from Cormac Russell and Lisa McNally about a potential future for neighbourhood health approaches.

1. Ambition and definition: what kind of neighbourhood health is this?

These questions pin down what the plan is really for before the detail is settled, and whether 'empowerment' means genuine community power or simply patients managing their own conditions.

- The Neighbourhood Health Framework's foreword echoes the NHS 10 Year Health Plan's promise to 'give power to people.' In concrete terms, what will we do differently to keep that promise, and how would we recognise that power has genuinely shifted?
- How are we defining neighbourhood health locally? Is it primarily a transformation of NHS and social care services, or a broader model of community wellbeing shaped and driven by local people?
- We know that health is largely determined by social factors such as financial security, housing, education, employment and supportive social connections. How does the neighbourhood health plan address these?
- The framework lists 'empowering people to manage their own health' among its aims. Does empowerment here mean individuals managing their own conditions, or communities holding real collective power over the priorities and resources that affect them?
- If most of what shapes health happens outside of clinical settings, where is the centre of gravity of this plan? Does it lead with community and place, or does clinical service transformation still sit at the heart of it?

2. Where you start: building on strengths

A plan's starting point tells you a great deal. Does it begin with what is wrong in a neighbourhood — the data, the deficits, the gaps — or with what is strong: the people, relationships and assets already there?

- Before turning to NHS data or asking residents what they lack, how will we support communities to lead their own mapping and sense-making – connecting the skills, relationships and assets already present in their neighbourhoods?
- For each priority, are we asking three questions in the right order: what can communities do best for themselves; what can they do with a little support from us; and what do they genuinely need institutions to do for them?
- Where are public institutions currently crowding out community action, and how will we deliberately step back to let citizen-led activity flourish?
- Are frontline staff supported to ask residents 'what can you do?' before 'how can we help?' – and what are we doing to build the system's own ability to listen and step aside?

3. Power and partnership: who decides and who holds influence?

Community power is ultimately about decisions — who sets priorities, who sits at the table and who can say no. These questions test whether residents and community organisations are partners with influence or consultees kept at arm's length.

- Rather than asking how residents will be 'involved' in our plans, how will we invest in and back the plans that residents are already making for themselves in their communities?
- At what stage are residents and community organisations being involved? From the earliest stages of setting priorities and designing solutions, or only once proposals have been drafted?
- Where in the governance of the plan is the community's voice formally built in, not as consultees, but as partners with real influence over decisions?
- As the neighbourhood health plan is developed through the Health and Wellbeing Board, how will residents have a genuine seat at that table, rather than at a consultation exercise that merely feeds into it?
- How will communities help to decide which neighbourhood priorities matter most, rather than priorities being set solely through NHS activity data?
- How are voluntary, community and social enterprise (VCSE) organisations being treated as strategic partners in shaping the plan, rather than as delivery bodies for priorities set elsewhere?

4. Following the money: budgets, commissioning and resourcing communities

Power follows money. A plan can use the language of empowerment while every pound stays under institutional control. These questions ask whether resources will actually reach communities, and on terms they can live with.

- Given that most of what shapes health sits outside of clinical care, does the way we split the budget reflect that, or does the money still follow services?
- Will there be devolved budgets or flexible neighbourhood funding that communities can genuinely influence or control?
- The Neighbourhood Health Framework points to pooled funding through the Better Care Fund. What share of pooled resources, if any, will be available for communities themselves to direct?
- How will our commissioning and procurement actively help communities resource and act on their own plans, rather than defaulting to large, one-off contracts?
- How will we support VCSE partners to work to community-development principles, tackling the root causes of problems alongside communities, rather than running one-off programmes? For example, addressing why food poverty exists rather than simply funding a food bank to deal with the consequences.
- How will small, grassroots organisations be resourced to take part, given that many lack the infrastructure to attend multiple meetings or bid for large contracts?
- How will we use trust-based, grassroots grant-making, designed to cut red tape and reporting burdens, to move resources quickly into community hands?
- Will we use micro-grants (£50–£250) to lower the barrier for residents to host their own neighbourhood gatherings and activity? (see the neighbourhood micro-grant toolkit at withneighbors.org for a practical example of this approach)

5. Nurturing the social fabric: connectors, associations and inclusion

Much of what keeps people well happens in informal community life — the clubs, groups and neighbourly connections no institution created. These questions ask how the plan will nourish that fabric without smothering it, and how it will reach beyond the usual voices.

- What is our plan for strengthening community leadership, peer roles, volunteers, connectors and resident-led activity?
- How will we support and protect natural neighbourhood connectors — without institutionalising them, over-regulating them or turning them into unpaid service deliverers?
- How are we supporting the small, informal associations — the knitting groups, walking clubs and street-level gatherings — where connection and care happen day to day?
- How will we make sure engagement reaches beyond the most articulate, already-engaged or best-resourced groups, and includes those too often left out?

6. Knowing it's working: outcomes, measurement and accountability

What gets measured shapes what gets done. If success is defined only by service metrics, the plan will drift back towards services. These questions ask who defines success, whether the measures capture community life and whether the system will hold itself to account for sharing power.

- Who decides what neighbourhood health is trying to achieve, and will local people have a real role in defining what success looks like?
- The framework asks Health and Wellbeing Boards to agree whole-life-course outcome measures during 2026/27. How are communities helping to shape those measures, rather than being handed metrics chosen by the system?
- Will our measures go beyond NHS and service metrics to capture community capacity, social connection and whether people feel they live in a healthier neighbourhood?
- How will we capture local people's own experience of the change, not just of health services, but of the place they live?
- How will we measure the system's own behaviour – that is, its willingness to listen, share power and step back – not only the outcomes delivered to people?
- How will we report back to communities on what changed as a result of their involvement, so that taking part feels worthwhile rather than extractive?

New Local is an independent think tank and network with a mission to transform public services and unlock community power.

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