NEW LOCAL

A SYSTEM LEADERS' GUIDE TO NEIGHBOURHOOD HEALTH

Questions for system executive directors, Integrated Care Board leads, chief officers, and board members to align strategy, governance, and resource flow behind community power.

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The Neighbourhood Health Framework (DHSC and NHS England, March 2026) sets out a clear aspiration to improve health outcomes and reduce health inequalities. It is a major, system-wide transformation that provides an opportunity to build a system for health improvement that is built around the person and their needs.

The first step in improving health outcomes must be to understand how they are determined. While clinical services are essential to health, research indicates that they only influence 15-20% of health outcomes. Conversely, over 80% of health is determined by social factors such as housing, education, employment, health-related behaviour and the availability of socially supportive connections (Hood et al., 2016).

This suggests that a Neighbourhood Health programme that only considers clinical care, and ignores social factors, will be severely restricted in the extent to which it can improve health.

Fortunately, the Neighbourhood Health Framework recognises this and offers a wide scope for local work that addresses social factors. In particular, it indicates that Neighbourhood Health strategies should include:

> *"community initiatives and governance structures in place (for example, area committees, ward partnerships, parish councils or their equivalent and Pride in Place neighbourhood boards) and how they can constructively work with neighbourhood health services."*

This presents a clear call to action to local system leaders. Local people, resident-led groups and the VCSE sector should be treated as strategic partners and coproducers, with seats at the table, control over some resources, and authorship of the local outcomes.

What is the evidence that community-led approaches work?

A systematic research review by Haldane et al. (2019) examined the extent to which approaches focused on community participation and empowerment improve health outcomes. They found significant evidence of a positive effect, including reduced hospital admissions and clinical symptoms, improved behavioural risk factors and quality of life, and decreased mortality over time.

Many local systems in the UK have already put community participation and leadership at the heart of their Neighbourhood Health programmes. For example, an evaluation of the Priority Neighbourhood Development (PND) programme in Worcestershire revealed reductions in urgent hospital admissions and children's social care need following the devolving of resources to community-led health improvement work in a socioeconomically deprived housing estate (McNally, 2026). The PND programme is now a central part of Worcestershire's Neighbourhood Health Programme, including in the plans set out by the Integrated Care Board and local Primary Care Networks.

How can we increase community leadership of our Neighbourhood Health plans?

In the recently published paper *Putting the Neighbourhood Back into Neighbourhood Health*, we propose treating the neighbourhood itself as a primary unit of health, and communities as health creators rather than simply clients of services. Its organising principle is that institutions should supplement community power rather than supplant it, with services on tap rather than on top. Practically, it recommends an asset-based approach which builds community-led inventories of local skills, associations, physical assets and shared heritage to sit alongside the Joint Strategic Needs Assessment (JSNA). This works in the sequence of what residents can do themselves, then what they can do with help, then what they need institutions to do.

Six generative practices for neighbourhood work are set out: identifying resident connectors, hosting inclusive conversations, mapping community-led asset, building solidarity through shared moments, celebrating progress, and supporting communities to define their own preferred future.

How can we assess how community-led our Neighbourhood Health plans are?

An honest appraisal of Neighbourhood Health plans should be undertaken collaboratively, in conjunction with Health and Wellbeing Board partners and representatives of the local community. The questions in this guide, organised across six key themes, comprise a useful self-assessment exercise to ensure system design strengthens, rather than stifles, community-led health.

1. Ambition and definition: what sytem model are we building?

- **Beyond service relocation:** Are we defining neighbourhood health as a shift of clinical services out of hospitals into local hubs, or as an institutional commitment to back community-led wellbeing?
- **Translating system intent:** System strategies pledge to "give power to people." Specifically, what power are system bodies relinquishing, and what structural changes will demonstrate that power has shifted?
- **The social determinants balance:** Given that health is created primarily in the conditions of everyday life, does our system strategy treat non-clinical social factors as peripheral or as the core operating model?
- **Individual vs. collective:** Does our definition of "enablement" focus on getting patients to self-manage conditions, or on enabling communities to hold collective influence over local health creation?

2. Where you start: re-orienting system intelligence

- **Asset-first vs. deficit-first data:** Does our system baseline start with data on deficits and demand (e.g., A&E attendances, disease registries), or do we systematically map the relational assets, voluntary groups, and social capital that prevent demand and precipitate health creation?
- **Sequential planning:** For every system priority, are we applying the sequential questions: w*hat can communities do best for themselves; what can they do with a little support; and what do institutions genuinely need to do?*
- **Preventing institutional overreach:** Where are formal public services crowding out natural community care, and how are we designing system boundaries so services step back and act as "good guests"?

3. Power and governance: who shapes strategy and holds accountability?

- **Governance rights:** Where are residents and grassroots organisations situated in system governance structures? Are they treated as board-level strategic partners with decision-making power, or as passive consultees?
- **Investing vs. co-opting:** Rather than asking how citizens can fit into pre-determined system plans, how are system budgets being used to back plans communities are already implementing?
- **Parity for VCSE partners:** How are VCSE organisations enabled to act as equal system architects, rather than sub-contracted service deliverers, often bound by rigid performance targets?

4. Following the money: aligning capital, commissioning and procurement

- **Resource reallocation:** What proportion of pooled system funding (e.g., Better Care Fund, ICB place budgets) is designated directly for community-led action upstream, rather than acute or clinical service delivery?
- **Commissioning reform:** How are we shifting away from large-scale, transactional procurement toward flexible, trust-based, grant-making models accessible to grassroots associations?
- **Sustainability over short-termism:** Are we funding infrastructure and community development capacity that builds long-term community strength, or short-term initiatives that end when funding expires?

5. Nurturing the social fabric: system support for relational infrastructure

- **Protecting natural infrastructure:** How does our system strategy invest in informal associations, community spaces, and natural connectors without over-regulating or professionalising them into unpaid workers?

- **Addressing systemic inequity:** How are we deploying system resources to reach marginalised or historically excluded groups, ensuring investment bridges health inequalities?

6. Defining success: system metrics that reflect community reality

- **Defining shared outcomes:** Are the key performance indicators (KPIs) for our neighbourhood plans co-produced with local residents, or reflective purely of national NHS targets?

- **Measuring system behaviour:** Are we tracking system-level transformation, such as culture change, trust-building, power-sharing, and place-conscious practice of professionals alongside traditional clinical metrics?

- **Closing the loop:** How does the system demonstrate accountability to communities by reporting back on how citizen input directly altered strategic decisions and resource allocation?

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

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