Incisive Health

Inizio Evoke

Neighbourhood health in focus: insights from policy leaders

February 2026

Incisive Health
Inizio Evoke

Table of contents

Foreword

Ed McIntosh
Head of UK Practice, Incisive Health

Shifting care closer to home is one of the Government's most challenging ambitions for the NHS. The move to establish 'neighbourhood' services, reflects a broad consensus that community-based integrated models are better for patients and more sustainable for the system.

Yet, despite widespread agreement on the direction of travel, there has been far less clarity about the destination. The NHS already delivers many elements of neighbourhood care, with examples of place-based, integrated working emerging across the country.

The fundamental question is whether the Government wants an entirely new approach to local care provision, or if the language of neighbourhoods is best understood as a new way of framing what the NHS is already doing in many places – are we going to see new neighbourhood service providers drastically reshaping local services, or something closer to a rebranded PCN model on steroids?

Following the publication of the 10 Year Plan, the emphasis appeared to be on evolution rather than revolution, with 43 pilots seemingly taking a 'bottom up' approach to developing new service offerings. However, the impending publication of the neighbourhood model framework could still signal a more radical intent.

Regardless of the eventual model, it is likely that the fastest movers will be those areas that have already begun to implement a more integrated approach to planning and delivery.

What emerges from the case studies shared by those we interviewed for this paper, is that successful neighbourhood care is less about organisational form and more about behaviours and enablers. Clear local leadership, shared purpose across partners, and the freedom to adapt models to local needs consistently matter more than rigid structures. Progress has depended on trusting relationships between the NHS, local authorities and the voluntary sector, supported by practical mechanisms for joint decision-taking, data sharing and accountability.

As the long-awaited national model begins to take shape, there is an opportunity to move beyond rhetoric and into reform. The experiences captured here offer early lessons for national and local policymakers alike on how neighbourhood care can be made real, not as a rigid structure mandated from the centre, but as a shared direction of travel grounded in local insights and relationships.

And a big thank you to everyone who took the time to speak with us – your insights were invaluable in bringing this paper to life.

Moving from rhetoric to reality: embedding the community voice in neighbourhood health services

Based on insights from Sharon Brennan, former Director of Policy at National Voices and co-chair of the UK Government's Timms Review

The 10 Year Health Plan sets out an ambitious vision for neighbourhood health services – bringing the NHS to communities, creating teams that work around patients, and abolishing the default of 'one size fits all' care. The immediate goal is to support those most in need, including those with long-term conditions in areas with the highest deprivation. But translating this vision into reality requires more than structural reorganisation. It demands a fundamental reimagining of the relationship between health systems and the communities they serve.

In part one of our three-part blog series exploring how to deliver on the ambitions of a comprehensive neighbourhood health service, we speak with Sharon Brennan, former Director of Policy at National Voices, expert in neighbourhood health and now co-chair of the Government's Timms Review into Personal Independent Payments. We look at what it will take to genuinely embed the community voice into neighbourhood health services.

Communities as a health resource

The promise of neighbourhood health services rests on a fundamental premise: that healthcare can be transformed by shifting power closer to communities and enabling people to take greater control of their own health – particularly when managing long-term conditions like diabetes, arthritis and cardiovascular conditions. As Sharon emphasises, when done well, "community itself becomes its own health resource and gives it power". But empowerment requires reciprocity. "We are asking people to take control of their health", Sharon notes, "but they must be involved in decision making about their health and their communities' health services to make people feel like it is worth doing."

Friends, Families and Travellers (FFT) demonstrate how to build this support with communities:

Over the past decade in Brighton, FFT has worked with Gypsy, Roma and Traveller communities to address significant health inequalities. By using the local Traveller community rooms for health sessions and holding focus groups, they've achieved substantial increases in vaccination uptake and cancer screening, alongside improved confidence in using services independently. Residents report that having a stable base and regular contact with trusted support gives them "the peace and confidence to consider preventative forms of medicine" and engage with services on their own terms.

Demonstrating value through clarity of purpose

It is imperative that both communities and providers genuinely engage with neighbourhood health services, which will require a shared understanding of purpose. The current conversation, Sharon argues, feels overly focused on process, for example on enablers like single patient records, without sufficiently answering the fundamental questions: why are we doing this, and what do we want it to achieve? Without this clarity, it becomes difficult to properly align different parts of the system or to leverage the voluntary sector effectively. There are also legitimate concerns about sustainability: is this a genuine long-term commitment, or will it falter when political priorities shift?

"We need to make sure there is a genuine commitment which extends beyond government cycles," Sharon stresses. For industry stakeholders evaluating engagement in neighbourhood health delivery, this raises critical strategic considerations. Long-term viability and clarity of purpose must underpin investment decisions – whether through clinical trial infrastructure, community-based care models or data-driven population health initiatives. Without a stable policy environment and enduring local partnerships, short-term interventions risk fragmentation and diminished impact.

The role of the voluntary sector in providing expertise

With clarity of purpose established, the question becomes how to deliver on that promise. Local systems must be given the flexibility to design services that reflect community priorities, with the freedom to innovate and the support to learn from what already works.

This can come from scaling pockets of best practice, particularly from the Voluntary, Community and Social Enterprise (VCSE) sector, who are already doing excellent work in the space. "We should see what information is out there and how that can be built upon to engage communities properly," Sharon suggests. For the private sector, this signals an opportunity: those who can demonstrate evidence of what works in terms of community engagement, prevention and improved health outcomes will be well-positioned to support systems looking to rollout proven models.

Speed versus substance

There is an undeniable tension between the desired pace of implementation and the time required to build community partnership: "There's a speed at which neighbourhood health is going at which means we may lose the value of what we are trying to do", Sharon states. Real partnership means starting from the ground up, working with communities to understand what they need and designing services around those needs – for example, provision of tailored information and culturally competent support.

From insights to action: navigating the new health landscape

Neighbourhood health is more than a structural shift – it's a chance to redesign care around what matters to people. But for this to succeed, every stakeholder must see clear value in engaging.

For organisations looking to play a meaningful role in the future of neighbourhood health, these insights highlight several important considerations:

- **Align with patient priorities:** For industry, supporting community empowerment and prevention isn't just socially responsible – it's commercially strategic. Solutions that can help people manage conditions effectively or reduce avoidable interventions can demonstrate real-world value, strengthen system relationships and support equitable access

- **Learn from and value VCSE expertise:** For industry, partnering with VCSEs can improve understanding of underserved areas and ensure interventions are grounded in lived experience – ultimately supporting genuine co-design and maximising impact

- **Balance quick wins with long-term value:** While sustainability and lasting impact are essential, short-term results that directly benefit patients still matter – particularly in a political context where visible progress can unlock continued support. Solutions that can deliver early proof points while laying the groundwork for deeper, systemic change will be best placed to influence the direction of neighbourhood health

Reimagining care: what does a neighbourhood health service mean for patients, the public, and politically?

Based on insights from Ruth Rankine, Director of the Primary Care Network at NHS Confederation

Neighbourhood health services are emerging as a critical lever for transforming healthcare delivery in the face of mounting system pressures. Rising demand, constrained resources and widening health inequalities have exposed the limits of a reactive, hospital-centric model. The neighbourhood approach offers an alternative: care that is proactive, locally tailored and rooted in public sector collaboration.

In this second part of our 'neighbourhood health' blog series, we speak to Ruth Rankine, Director of the Primary Care Network at NHS Confederation, to explore how the vision of neighbourhood health is being interpreted on the ground – and what it will take to move from concept to implementation.

Defining neighbourhood health: beyond geography

A neighbourhood is not a fixed concept. As Ruth highlights – for some, "it's a postcode; for others, their street or the area around their local school". This variability underscores a key principle: health services must start by listening to communities. Understanding how people define their neighbourhood – and what matters most to them – shapes the design of interventions that are relevant to meet their needs.

Current NHS priorities understandably focus on reducing GP waiting times and A&E backlogs. But as Ruth notes, this reactive model risks trapping the system in a "hamster wheel" of managing demand. Breaking that cycle means starting from the ground up: engaging communities in their own health and designing services that anticipate needs rather than simply respond to crises.

This is not a new concept – Ruth described it as an "evolution" of what is currently being done – but highlighted that the focus needs to shift to combining existing efforts to drive forward the change being signalled at the national level.

Social determinants: the missing data

An overriding theme of our discussion was the need to look beyond headline metrics. Traditional NHS datasets highlight referral timelines and attendance rates, but rarely capture underlying drivers – for example, GP closures forcing patients to attend A&E, or rural residents facing long journeys on unreliable transport. These factors, which can vary from place to place, are powerful predictors of health outcomes, yet they remain invisible in most datasets.

To address this, neighbourhood health services need to know and understand their local population. Nuanced, locally relevant data will be fundamental to this, pinpointing unmet local need and enabling services to be designed to reflect this. To that end, Ruth outlined that neighbourhood health services should aim to "understand the needs of communities and collaborate with the right partners to respond to those needs, whether it's a health response or [a local authority response to issues such as] housing" which may be impacting an individual's health and care needs.

Partnership over prescription

If care is to be joined up, the teams delivering it must be too. Ruth pointed to East Staffordshire as an example of best practice: during the Covid-19 pandemic, the local football club became a hub for social prescribing. She described the importance of "galvanising opportunities presented by the community", evidenced by the partnership evolving into a model where local issues trigger community-led solutions – such as self-help groups formed by residents, enabling service users to become part of the solution.

Scaling this type of approach requires a shift from centralised control to collaborative, place-based delivery. Local authorities, social services and charities must be integral partners, not peripheral players. To achieve this, Ruth stated that the infrastructure "needs to enable collaboration in a way that people don't feel that someone else is doing it" for them. This is not just a healthcare model – it's a whole-system approach to wellbeing.

Looking forward, services will need to ensure they are compatible to be delivered via a multi-disciplinary team and optimise community-based pathways, a marked shift from the current, more traditional, hospital and GP-led service delivery. Ruth highlighted two key enablers for this approach:

- **Policy infrastructure:** Financial frameworks, contracts and regulations must support integrated working, freeing staff to focus on care rather than bureaucracy and encouraging collaboration over competition
- **Digital innovation:** Tools such as remote monitoring and virtual group consultations can extend healthcare access and reduce pressure on frontline services. But digital tools must be deployed thoughtfully to avoid widening inequalities. As Ruth notes, for those who can use it, digital frees up capacity for those who cannot – creating a more balanced system

From vision to action

Our conversation with Ruth highlights a clear message: **neighbourhood health services are not a peripheral initiative – they are a strategic pivot for the NHS.** Ruth's emphasis on community engagement, recognising nuances in data and partnership over prescription signal a future where success depends on collaboration and adaptability.

For industry partners, this means rethinking traditional engagement models:

- **Design for prevention and early intervention:** Ruth's call to break the "hamster wheel" of demand management highlights the need for solutions that anticipate health needs rather than react to crises

- **Bring local intelligence to the table:** As Ruth noted, headline metrics miss the real drivers of health outcomes. Industry can add value by providing granular insights that link social determinants to clinical and financial impact

- **Champion digital equity:** Ruth stressed that digital tools free up capacity but risk widening inequalities. Industry must innovate responsibly, ensuring technology enhances access rather than creating new unintended barriers

Health is wealth: Learnings for neighbourhood health services

Based on insights from Thomas Britton, Working Well Programme Lead at Greater Manchester Combined Authority

When Wes Streeting entered Victoria Street in July 2024, one of the first things he did (shortly after describing the NHS as "broken") was to declare the Department of Health and Social Care an "economic growth department". While links between health and wealth aren't new, his comments represented a fundamental shift in the Department's vision – moving beyond a department for public services, to a force for reinvigorating the economy.

It's no secret that the Government face an uphill struggle on the economy and growth. Among the list of priorities is tackling the rising tide of long-term sickness, which has forced almost 2.8 million people out of the workforce. In this final part of our 'neighbourhood health' blog series, we speak to Thomas Britton from Greater Manchester Combined Authority (GMCA) to explore how one part of the country is taking a whole population approach to health, skills and employment, and what learnings can ensure neighbourhood health services support the wealth and health agenda.

Local leadership as the driver of meaningful change

There is a shared understanding across GMCA that Greater Manchester faces specific challenges, which services must be shaped around and seek to address. For example, Thomas noted that there is significant deprivation across the region as a whole, with some wards ranking among England's most deprived. As such, 'one size fits all' offers that are 'parachuted' into local areas don't stand to make a difference to the lives of local residents.

Local authorities' broad remit means they are a key player in tailoring services across health and wellbeing, social care, education, housing and environmental health. Given their close proximity to local communities, including businesses and third sector organisations, local authorities are particularly well placed to understand what's already working, develop targeted interventions and, in turn, shift the dial on inequalities.

However, as new models of care look to be established, it will be important to ensure they are underpinned by adequate investment (for example for local authorities through the public health grant). Clear expectations will also be important, particularly on roles and responsibilities, to support accountability measures. These can measure change within an area (like reductions in health inequalities) and ward against unwarranted variation at the national level.

Embracing devolution to support holistic approaches to wellbeing

In Greater Manchester, Thomas oversees the 'Working Well' programme, which is designed to support people with poor health who are at-risk of, or experiencing, long-term unemployment. The scheme began in 2014 as a pilot and has now been expanded through a series of devolution deals between central government and GMCA.

The Work and Health programme within Working Well offers health, skills and employment support – all via a single-entry point, meaning that people facing barriers to work and better health don't need to navigate a complex web of services. Working Well shows that local devolution can create alternative pathways to care – wrapping services around individuals to prevent them from falling into a place where they need urgent care, which has costly implications.

Thomas acknowledged the value of GMCA's coterminous footprint, which is shared with the Department of Work and Pensions (via Jobcentre Plus), as well as the Greater Manchester Integrated Care Board. These organisations are brought together by a shared set of values and principles, with integration and accountability baked into operational enablers, such as delivery frameworks, Integration Boards (attended by local services) and information gateways for data sharing. As a result, decisions can be made at a collective level, which serve to address the social determinants of health, while preventing repetition of work and effort – freeing up more time to make sure services are actually working for the people they serve.

Creating and protecting local flexibility

As we look towards a new way of organising services, there will need to be a fundamental shift in the relationship between local areas and central government. Thomas acknowledged that, while disruptive, the forthcoming merger of NHS England and the Department of Health and Social Care is an opportunity to decentralise decision making and look at how things can be done differently.

Success will require rethinking how value is measured. At present, decisions are driven by revenue generation, whereas shifting to prevention-based policymaking would enable longer-term investment and protect funds from being continually diverted to acute, reactive care. Thomas highlighted that short evaluation timeframes – such as assessing impact after just six months – make it difficult to demonstrate value for money, reinforcing the tension created by electoral-cycle short-termism. Ultimately, establishing a neighbourhood health service will depend on sustained political will and prioritisation in an already complex and crowded policy environment.

So, what does this mean for industry partners wishing to help make neighbourhood health services a reality?

- **Look beyond traditional healthcare stakeholders** to drive forward neighbourhood health models. For example, partnering with local and combined authorities to build local understanding and complement ongoing work to fill gaps where specific skills and knowledge from industry can provide support

- **Keep local realities and priorities front of mind** to make sure industry partners are actually adding value for individual areas, rather than duplicating work or inadvertently contributing to a 'one size fits all' approach

- **Engage national and local policymakers by advocating for change** in how commissioning bodies evaluate return-on-investment for services – helping to shift the dial on the value of investing for prevention

Incisive Health

Inizio Evoke

Contact us

If you have any questions for the Incisive Health team, or would like advice or support on how to effectively engage neighbourhood health policy, please do get in touch via info@incisivehealth.com