

Beyond Neighbourhood Health

Reframing public
services around
people, place and
prevention

May 2026



Beyond Neighbourhood Health: Reframing public services around people, place and prevention

Foreword

Neighbourhood models are gaining momentum nationwide, bringing care closer to home, revitalising local high streets, and helping people access the right support in the right place at the right time.

As the policy landscape evolves through the Places for Growth agenda, the English Devolution and Community Empowerment Act 2026, and NHS England's Neighbourhood Health Guidelines 2025/26, organisations across sectors are drawing on both population health data and lived experience to design care, interventions and services that reflect genuine community need.

Akeso is excited to be at the forefront of this work. Our recent Highly Commended recognition at the HSJ Awards for the Barnsley “Health on the High Street” initiative is just one example of how neighbourhood approaches can be translated into meaningful, practical change for communities.

We are also keen to share learning that goes beyond the health system itself, supporting wider public sector reform. Neighbourhood models have the potential to drive wider societal impact, supporting reductions in economic inactivity, strengthening communities.

With the recent publication of the Neighbourhood Health Framework (2026), there is now a clear mandate for action. Defined targets, timelines and governance structures, including the ambition to establish 250 Neighbourhood Health Centres in the next decade, signal that this is no longer an emerging concept, but a national priority.

We hope this paper offers insight into the spectrum of opportunity across neighbourhood models and supports systems to translate ambition into delivery for the populations they serve.



Sarah Pinto-Duschinsky
Managing Partner



Beyond Neighbourhood Health

Contents

Executive Summary	3
-------------------	---

Why Neighbourhood Health, Why Now?	7
------------------------------------	---

1. What do we mean by Neighbourhood Health?	8
--	----------

How could Neighbourhood Health work in practice?	11
What does it take to deliver Neighbourhood Health?	13

2. What do we mean by Neighbourhood Models?	14
--	-----------

Neighbourhood Model Principles	15
Local Authorities Anchoring Public Health	16
System Level Public Sector Reform	16

3. Our Recommendations for Neighbourhood Models	29
--	-----------

Recommendations for Organisations	21
Recommendations for Place	22
Recommendations for National	23

Beyond Neighbourhood Health: Executive Summary

Neighbourhood health represents a fundamental shift in how public services are designed and delivered, moving from fragmented, reactive systems to coordinated, place-based approaches rooted in the needs of local communities. National policy now provides a clear mandate for this transition, bringing care closer to home strengthening prevention and improving outcomes.

This white paper takes this one step further. At Akeso we believe neighbourhood health is not the complete solution, but that local systems moving to neighbourhood models is what will unlock real value for wider public sector reform and improve outcomes for populations.

What do we mean by Neighbourhood Health?

Neighbourhood health is a place-based approach to health and care delivery that brings together NHS providers, local government, social care and the voluntary, community and social enterprise (VCSE) sector to deliver integrated, preventative, and person-centred support close to where people live.

It aims to deliver more care at home or closer to home, improve people's access, experience and outcomes. In doing so, it supports the creation of healthier communities, helping people of all ages live healthy, active and independent lives in the community for as long as possible. This directly aligns to deliver the three key shifts at the core of the Government's Health Mission: moving care away from acute settings into communities, focusing on promoting prevention and reducing health inequalities, and making greater use of digital infrastructure to improve how care is delivered.

What do we mean by Neighbourhood Models?

Neighbourhood Models go beyond neighbourhood health and health outcomes. They take a holistic view of wellbeing for people, communities and places. In this context, communities are the people, relationships, networks and lived experience within an area, including shared identity, culture, and social connection. Place refers to the defined local geography and partnership footprint through which services are planned, funded, and delivered. Neighbourhood Models support a move away from siloed, reactive services towards preventative, place-based and outcomes-focused models and align partners across health, local government and the VCSE sector around shared population outcomes.

In practice this means aligning health, social care and wider public services including education, housing, police and employment support around a shared goal; supporting **earlier intervention, better coordination, and a more sustainable use of resources to improve the health, wellbeing, employment, and community life of populations**. Neighbourhood models have not yet been defined, but they should be designed at neighbourhood levels reflecting local context, maturity of services and population health need.



Why are Neighbourhood Models important for Public Sector Reform?

Neighbourhood models are not simply a reform to health services; they provide a practical route to wider public sector reform. They enable a shift from siloed, reactive services to coordinated, preventative systems that address both the causes and consequences of poor health.

By aligning partners across health, local government and the VCSE sector, neighbourhood models create the conditions to:

- 1 Improve population health outcomes and reduce inequalities **through earlier intervention**.
- 2 Reduce pressure on acute and crisis services/interventions by supporting people to **remain well in their communities**.
- 3 Strengthen connections between health and wider determinates such as **housing, employment and education**.
- 4 Empower local communities to be **central in the design** of improving the lives of individuals, households and communities.
- 5 Support **economic participation** by addressing the relationship between poor health and inactivity.

In doing so, neighbourhood models enable structural reform across the public sector, shifting accountability from organisations to Places, improving system productivity, and supporting more sustainable and efficient use of resources across a Place.

What is next?

Organisations



- ✓ Break down silos to deliver joined-up care centred on people, needs and shared outcomes.

Place



- ✓ Shift from organisation-led services to neighbourhood delivery that integrates partners around real population need.

National

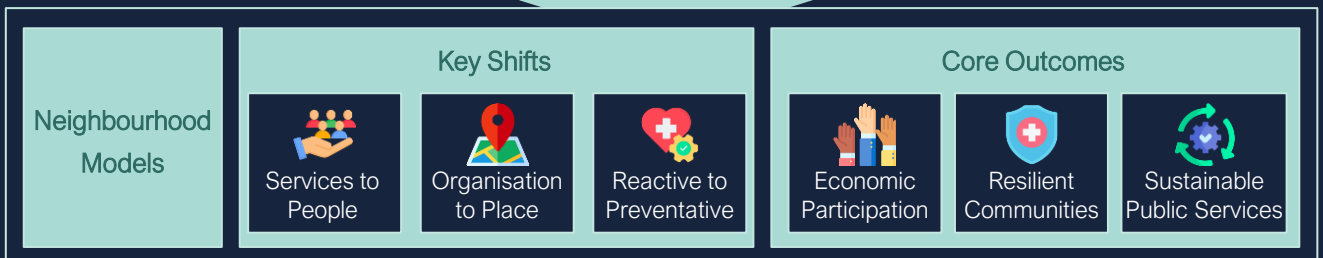
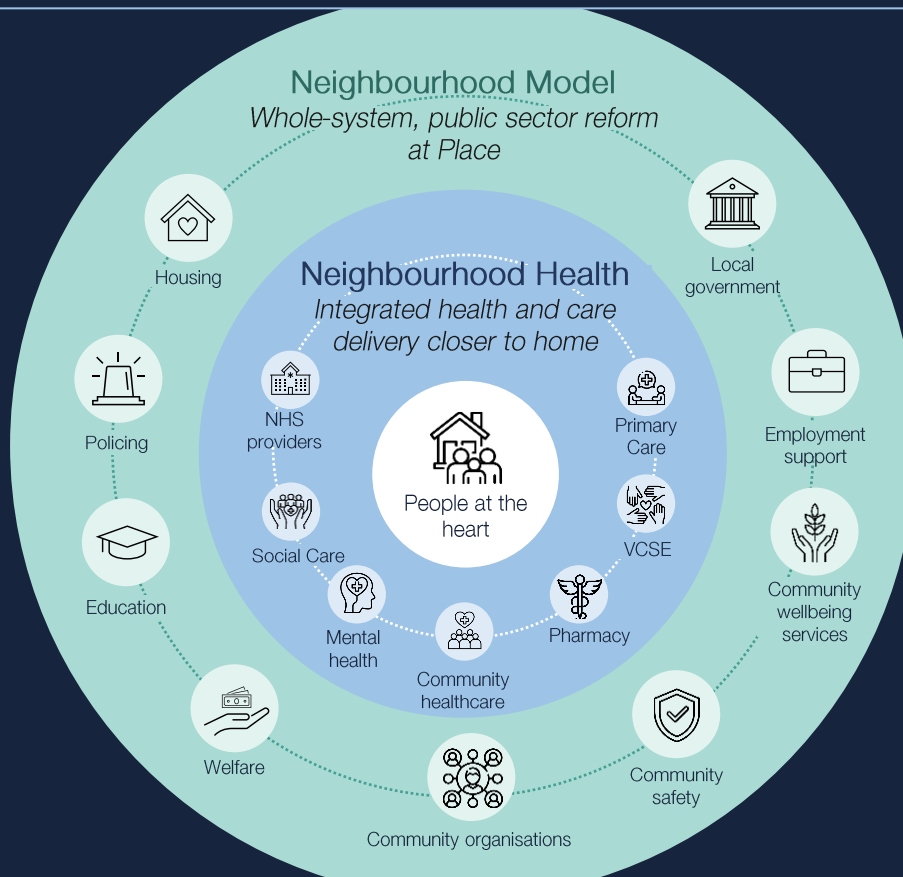
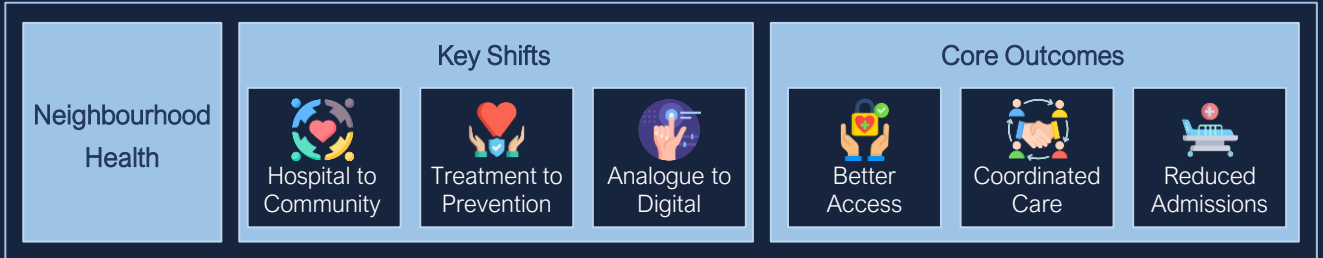


- ✓ Create the policy, funding and accountability conditions that enable locally tailored neighbourhood models.



Taking Neighbourhood health one step further to Neighbourhood Models

Neighbourhood health provides the foundations for more integrated, preventative and community-based health and care delivery. Neighbourhood models build on this foundation, extending beyond health and care integration to align wider public services, communities and resource around shared population outcomes and wellbeing





Why Neighbourhood Health, Why Now?

Neighbourhood health is not a new idea. Shifting services and support closer to people's homes has been a goal for health and care services over previous decades, but recent national policy has created a clear and immediate mandate for "Left Shift" delivery.

The NHS Long Term Plan, the NHS 10 Year Plan, Neighbourhood Health Guidelines (2025/26), and the 2026 Neighbourhood Health Framework collectively signal a decisive shift towards prevention, integration, and care delivered closer to home. Central to this is the "Left shift" from acute services to community settings, which sits alongside a growing focus on reducing health inequalities and improving population outcomes.

This policy momentum comes at a time of sustained system pressure. Acute services are under significant strain, while broader public sector pressure, such as economic inactivity, housing instability, and social need, are intensifying complex demand across systems. Neighbourhood health is designed to address these known system challenges of rising demand and complexity, workforce constraints, fragmentation across services and inequalities in access by enabling earlier intervention, integrating services around the individual, and aligning partners across a place. In doing so, they create the conditions for a more sustainable, equitable, and preventative system. However, while the strategic direction for neighbourhood health is clear, many systems continue to face challenges in translating policy into practice. As a result, a gap persists between national ambition and local delivery. The challenge is no longer one of defining what neighbourhood health should look like, but of understanding how to implement it in a way that is practical, scalable, and sustainable within complex local systems.

For Akeso, neighbourhood health is where a clear national mandate meets an urgent real delivery challenge. Neighbourhood health represents a fundamental shift in how care is designed and delivered. Unlike traditional models, which are often organised around services and institutions, neighbourhood models are built around people, place, and population need. This paper sets out our interpretation of neighbourhood health and neighbourhood models, and why we believe neighbourhood models are needed across systems to move from policy intent to practical, system-wide delivery to meet the complexity of need and rising demand across our populations.

What do we mean by Neighbourhood Health?

This section outlines how neighbourhood health is defined as a place-based, integrated approach to delivering health and care closer to home, bringing together NHS, local government, social care, and VCSE partners. The section also describes practical delivery models (e.g. hubs, outreach services) and explains how governance, funding, and integrated neighbourhood teams enable coordinated, preventative care at scale.



What Do We Mean by Neighbourhood Health?

At Akeso, we are working at the forefront of innovation in the neighbourhood space, partnering with systems across the United Kingdom, from Northern Ireland to North Yorkshire and Kent and Medway, designing neighbourhood health models across all age groups from Children and Families to Frailty. Through this work, we see first-hand that delivering effective neighbourhood health is not a one-off design exercise, but a continuous process of testing, learning, and adapting. Our collaboration with the Cabinet Office, applying the Test, Learn, Grow methodology, reflects our belief that meaningful transformation happens through iteration, not prescription.

The King's Fund notes that "neighbourhood health" is used to describe a wide range of ideas and approaches to delivering health and care. This reflects both the pace of innovation across the system and the lack of a single, consistent definition. While flexibility allows neighbourhood health to be shaped around local context, it also creates ambiguity for systems seeking to translate ambition into delivery. If neighbourhood health is truly to be built around people and place, it must reflect the unique characteristics of each community, their needs, local assets and lived experience. This means embracing the diversity of neighbourhood health, rather than seeking uniformity.

What do we mean by Neighbourhood Health?

Neighbourhood Health is a place-based approach to health and care delivery that brings together NHS providers, local government, social care and the VCSE sector to deliver integrated, preventative and person-centred support close to where people live. It aims to deliver more care at home or closer to home, improve people's access, experience and outcomes and to create healthier communities, helping people of all ages live healthy, active and independent lives in the community for as long as possible.

The Neighbourhood Health Model is designed to help deliver three key shifts at the core of the Government's Health Mission: moving care away from acute settings into communities, focusing on promoting prevention and reducing health inequalities, and making greater use of digital infrastructure to improve how care is delivered.

There are six core components of Neighbourhood Health that local systems are being asked to consider as part of their delivery model for neighbourhood health services: Population health management; modern general practice; standardising community health services, neighbourhood multidisciplinary teams (MDTs), integrated intermediate care with a 'Home First' approach; and urgent neighbourhood services.

Alongside these core components, there is a spectrum of neighbourhood health typologies, all of which should be truly geographically specific and demand led - responding to the needs, present and future, of the locality:



Integrated Neighbourhood / Primary Care Hubs

Local multi-disciplinary hubs bringing together primary, community, social care and VCSEs:

- GP & nurse clinics
- Community nursing & therapy
- Social prescribing & wellbeing activities
- Frailty & long-term condition management
- Care coordination and MDT meetings
- Preventive health checks & vaccinations



Community Diagnostic Centres (CDCs)

Standalone or co-located facilities delivering a range of diagnostic tests outside hospital settings:

- Imaging (X-ray, CT, MRI, ultrasound)
- Cardiorespiratory testing
- Endoscopy (in some centres)
- Pathology & phlebotomy
- One-stop diagnostic pathways linked to hospital specialists



Community Outpatient Hubs / One-stop Outpatient Hubs

Community-based sites hosting specialist outpatient consultations and minor procedures outside acute hospitals:

- Specialty clinics (orthopaedics, dermatology, ENT, ophthalmology, etc)
- Follow-up consultations
- Minor surgical procedures & treatments
- On-site diagnostics
- Hybrid face-to-face & virtual apps



Mental Health and Wellbeing Hubs

Access points for early intervention, triage, and signposting to mental health and community wellbeing support:

- GP & nurse clinics
- Community nursing & therapy
- Social prescribing & wellbeing activities
- Frailty & long-term condition management
- Care coordination and MDT meetings
- Preventive health checks & vaccinations



Specialist Community Hubs

Condition or pop-specific centres providing specialist expertise & integrated pathways:

- CYP's health services / Children's & Families Hub
- Perinatal & maternity support
- Diabetes, respiratory or cardiovascular
- Frailty & older people's rapid response teams
- Sexual & reproductive health



Urgent Neighbourhood Services

GP-led hubs offering rapid assessment and treatment of same-day urgent health needs:

- Walk-in or booked urgent GP apps
- Minor injury & illness management
- Pharmacy & prescribing services
- On-site diagnostics (point-of-care testing, X-ray where available)
- Links to out-of-hours & urgent care networks



Mobile & Outreach Neighbourhood Health Services

Deliver care closer to home targeting underserved, high-need, rural populations through:

- Mobile units fully equipped vehicles for health checks, screening, vaccinations e.g. "Chemo Close to Home" Vans/Buses
- Pop-up clinics in accessible community locations
- Outreach teams proactively engage communities

How could Neighbourhood Health work in practice?

Neighbourhood health is not a single intervention, but a coordinated system of delivery enabled through aligned governance, funding, and service structures, operating at a neighbourhood level.



Delivery structure of Neighbourhood Health:

Delivery for Neighbourhood Health is organised around integrated neighbourhood teams (INTs), typically aligned to Primary Care Networks or c.30k-50k population groups. These multidisciplinary teams bring together professionals from primary care, community health, mental health, social care and the voluntary, community and social enterprise (VCSE) sector to deliver proactive, preventative and joined-up support. INTs aim to move away from people navigating fragmented pathways towards services that are coordinated around people through shared decision-making, joined-up care planning, and a focus on early intervention.

Evidence in Practice:

West Yorkshire has formalised an “Integrated Neighbourhood Health (INH)” programme across its five “places”. Their “Community Partnerships” are the local delivery structures each with priorities tailored to the population (e.g. frailty, mental health, health inequalities).



Governance and commissioning for Neighbourhood Health:

Neighbourhood health delivery is enabled through place-based governance arrangements. Integrated Care Boards set the strategic direction and priorities as commissioners for neighbourhood health, and delegate authority to place-based partnerships which in turn oversee Neighbourhood Boards. Neighbourhood Governance includes primary care, community health, mental health, social care and VCSE partners.

Evidence in Practice:

St Helens Place Based Partnership Board (PPB) acts as the formal governance for ‘the place’ of St Helens. It is a strategic partnership aligning local NHS, council, public, private, and VCSE sectors to integrate health and social care services. Decision making is underpinned by a formal collaboration agreement (Memorandum of Understanding) between partners, with delegated authority from the ICS for local financial and service planning.



Funding for Neighbourhood Health

Funding mechanisms are increasingly aligned to support the left shift. Systems are moving away from traditional activity-based contracts towards “blended budgets” across community, primary and mental health care, as well as outcomes-based payment models, enabling greater flexibility in how systems can invest in prevention and community-based services. As outlined in the Medium-Term Planning Framework, Urgent and Emergency Care is to move from traditional acute block contracts to a model of 80% and 20% variable funding by 2027/28. This new payment model is designed to ‘free-up’ local system funds that have previously been locked in acute block contracts to use for greater community and neighbourhood health care.

Additionally, **Integrated Health Organisation (IHO)** contracts will allocate “whole population” health budgets to providers, empowering locally-led change that is informed by their understanding of population need, activity, costs, and engagement of frontline staff. IHO contracts aim to undo fragmentation and incentivise investment in community-based preventative care.

Evidence in Practice:

North-East Lincolnshire (NEL) has implemented a Section 75 Agreement to pool a total of £217 million budget combining NHS (£162m) and Local Authority (£55m) Funds. This is a formal funding and operational partnership creating a more streamlined and local approach to integrated service delivery.



What does it take to deliver Neighbourhood Health?

Neighbourhood health can only be delivered at scale through coordinated system action, not isolated local service redesign with “neighbourhood health” in the name. Success depends on system-level commitment, credible investment planning and a clear line of sight between national policy ambition and local delivery.

For neighbourhood health to succeed in practice, there needs to be an alignment of governance, funding and delivery models across the system, allowing it to operate as a single, coordinated whole with a shared vision and shared purpose. Where this coordination is absent, neighbourhood initiatives remain fragmented and fail to shift demand or outcomes at scale. Neighbourhood health therefore succeeds when it is embedded within wider system transformation, with aligned incentives, shared accountability, and a common understanding of how change will be delivered over time.

Evidence in Practice:

In Kent & Medway, Akeso supported system leaders to explore how neighbourhood-health could be enabled through coordinated, system-wide investment and planning, rather than isolated local initiatives.

Key insights from this work revealed:

- Analysis showed that acute-focused solutions alone could not address system pressures, reinforcing the need for a coordinated shift to prevention.
- Neighbourhood health depends on aligned governance, investment decisions, and system leadership, not just redesigned services.
- Coordinated investment and delivery arrangements were critical to translating ambition into implementable change at scale.
- Bringing together MDTs, urgent community response, virtual care, and population health management into a single model demonstrated how integrated delivery is essential for coordinated, sustainable neighbourhood systems.

Our work with Kent & Medway shows that delivering neighbourhood health is fundamentally a system coordination challenge. It requires aligning planning, funding, governance, and delivery around a shared model, ensuring neighbourhoods operate as part of a coherent system rather than as disconnected initiatives.

What do we mean by Neighbourhood Models?

This section outlines how neighbourhood models extend beyond health and care to enable whole-system public sector reform, addressing the wider determinants of health such as housing, employment, and education. It introduces a set of principles that underpin Neighbourhood Models and help systems move from siloed services to integrated, outcomes-driven approaches centred on communities.



What Do We Mean by Neighbourhood Models?

Neighbourhood health is more than a shift in care delivery; it is a practical route to wider public sector reform through neighbourhood models that look more holistically at wellbeing for people, communities and places. It supports a move away from siloed, reactive services towards preventative, place-based and outcomes-focused models by aligning partners across health, local government and the VCSE sector around shared population outcomes.

This direction of travel is reinforced through national priorities, including Places for Growth and the government’s missions, which emphasise local capability, shared accountability and earlier action on the wider determinants of health (e.g., housing, employment and education).

For that reason, we have taken a deliberate position: not to define neighbourhood health in rigid terms, but to distil what we have learned from working across multiple systems into a set of Neighbourhood Principles.

Neighbourhood Model Principles

These principles are grounded in delivery, shaped by real-world practice, and designed to support systems to navigate complexity while staying focused on what matters most: improving outcomes for the communities they serve.



Local Authorities Anchoring Public Health

Local authorities are central to neighbourhood health as place-based leaders for public health, social care, housing and community infrastructure. Public health teams bring the prevention focus, population insight and analytical capability to understand local need, target inequalities, and convene partners to act on root causes, not just symptoms.

Taken together, policy developments (including the Neighbourhood Health Framework, Neighbourhood Health Guidance and Core20PLUS5) signal a clear expectation: neighbourhood models should move beyond service integration to deliver measurable population outcomes.

In practice, this means aligning health, social care and wider public services around shared goals; supporting earlier intervention, better coordination and a more sustainable use of resources.

In doing so, neighbourhood models can reduce avoidable demand on acute and social care, strengthen early years and education support, improve housing pathways (including discharge from hospital), and help more people stay well and economically active.

At a system level this translates into four areas of public sector reform:

1 Reforming How Organisations Work Together

The required shift:

Neighbourhood models shift public services from organisation-led delivery towards place-based systems accountable for population outcomes, not just activity. This reflects the NHS Long Term Plan and Neighbourhood Health Framework (2026), which emphasise prevention, integration and care closer to home.

In practice, this enables:

- A shift in the cost base – reducing reliance on high-cost acute services by investing in prevention and early intervention
- Place-based accountability – organising care around populations of ~30,000–50,000, enabling clearer ownership of outcomes
- Integrated service delivery – aligning primary care, community services, social care, and voluntary sector support
- Reduced duplication and inefficiency – through shared care planning and coordinated pathways

2 Reforming How Public Services Work Around People

The required shift:

Neighbourhood models require a fundamental redesign of how public services are delivered, moving away from fragmented and service-led approaches towards coordinated support centred around people, households and communities. Instead of expecting individuals to navigate fragmented systems, neighbourhood models bring services together around the realities of people's lives and needs, enabling earlier, more joined-up and more preventative support.

Neighbourhood models enable:

- Shared responses to complex and overlapping need
- Earlier intervention before issues escalate into crisis
- Better coordination across health, housing, welfare and community support
- Reduced duplication and fragmented service delivery
- More joined-up support designed around real lives, not organisational boundaries

3 Reforming how we view Health and Economy

The required shift:

Neighbourhood health also reframes the relationship between health and the economy. Poor health is a key driver of economic inactivity, increasing pressure on public services and constraining growth. National focus on participation (including ONS reporting) reinforces the case for earlier intervention and better joined-up support.

Neighbourhood models support this by:

- Intervening earlier in health deterioration, particularly for working-age populations
- Integrating health and employment support, including social prescribing and vocational rehabilitation
- Supporting people to remain in or return to work, reducing long-term sickness absence
- Improving mental health and musculoskeletal outcomes, which are key drivers of inactivity
- Strengthening workforce sustainability within health and care, by reducing burnout and improving staff experience

4 Reforming how Departments interconnect with Place

The required shift:

Neighbourhood health provides a platform for cross-departmental reform, bringing together services that have traditionally operated in isolation. Because outcomes are shaped by housing, employment, education and social support, neighbourhood models create a practical route to coordinated action across the public sector. This aligns with the government's missions-based approach and the Places for Growth agenda, both of which emphasise place, partnership, and shared outcomes across departments (UK Government).

Neighbourhood models enable:

- Alignment of services around shared population outcomes, rather than organisational targets
- Integration across health, housing, welfare, and employment services
- Earlier intervention on the wider determinants of health, such as poor housing or financial instability
- Reduced demand across multiple systems, including:
 - Health (fewer admissions and crisis presentations)
 - Social care (reduced need for intensive support)
 - Housing (improved tenancy sustainment, reduced homelessness)
 - Justice and welfare systems (through improved stability and wellbeing)



Call to Action for Neighbourhood Models:

Neighbourhood models presents a clear opportunity to deliver meaningful public sector reform, improving outcomes, reducing inequalities, and creating more sustainable systems. The challenge now is not one of strategy, but of delivery.

At Akeso, we work with systems to move beyond ambition and into implementation, bringing together our experience across neighbourhood models, population health, and cross-sector integration to support practical, scalable change. From designing neighbourhood models and aligning partners, to embedding data-driven decision making and workforce transformation, we help systems turn policy into tangible outcomes for the communities they serve.

As the national direction becomes clearer, those systems that are able to act decisively, grounded in local insight and supported by the right capabilities, will be best placed to realise the full potential of neighbourhood health.

Our Recommendations for Neighbourhood Models

This section outlines a set of actionable recommendations across Organisational, Place, and National levels to enable the successful delivery of neighbourhood models. It emphasises the need for systemic change in behaviours, governance, and accountability to move from ambition to implementation and achieve sustainable, scalable reform.



Our Recommendations for Neighbourhood Models

Neighbourhood models enable structural reform across the public sector, shifting accountability from organisations to place, improving system productivity, and supporting more sustainable and efficient use of resources. They support a move away from services designed around organisational boundaries, towards a coordinated support centred around the needs of people, communities and outcomes.

i. Recommendations for Organisations

Organisations must break down organisational boundaries and move beyond siloed service delivery towards shared ways of working centred around the person and their needs, and shared population outcomes. To achieve neighbourhood models at the scale required for complexity and demand of local populations, a fundamental shift in mindset and behaviours to create a vision of shared value. This means moving away from organisational focus towards holistic early intervention and prevention at a system level.

What does this mean in practice?

- Embedding shared decision-making into frontline delivery, ensuring the right professionals come together, at the right time, with the right information at their fingertips.
- Shared decision-making forums need to look holistically at the need and risk of individuals across all spheres of need (health, social care, housing, economical, education, employment) using collective professional judgement.
- Creating clear ownership of coordination (e.g. Single Lead Practitioner), reducing duplication and improving sequencing of support. This is not necessarily about creating new roles, but reprioritising workforce capacity towards coordination rather than parallel activity to reduce workforce burden and duplication.
- Building confidence and capability to act earlier before crisis, supported by shared values, trust and professional judgement.
- Creating the conditions to support staff mindset shift and behaviours from an organisational focus towards shared values around early intervention and prevention at a system level.

Ultimately, organisations must shift from delivering services independently to acting collectively as part of a neighbourhood system, with accountability for shared outcomes rather than individual organisational outputs.

ii. Recommendations for Place

Neighbourhood models are delivered at Place, but they will not happen by default. They require systems to transition from organisationally-led services to shared neighbourhood delivery that integrate partners to sequence support around people, communities and the real needs of local populations.

To successfully deliver neighbourhood models, Places must:

- Establish integrated decision-making forums as core infrastructure for delivering neighbourhood models where all the right professionals come together (health, social care, voluntary sector, housing, DWP etc.) at the right time, with the right information to make shared decisions to support holistic wellbeing of individuals. True integration is achieved through how decisions are made, not how services are organised.
- Organise neighbourhood support around all-age, whole-person, whole-household need. This requires a shift from service-based pathways to coordinated, place-based responses, aligning adult, children’s and wider public services around shared population outcomes. Recognise that risk and need present across households and at the intersection of health inequalities, not along service boundaries.
- Develop shared accountability and outcomes across organisations, moving beyond individual organisational targets towards collective responsibility for neighbourhood wellbeing, prevention and reducing inequalities. This requires targets and outcomes that reflect person-centred priorities and incentivise the right behaviours of collective place-based working.
- Recognise that General Practice plays a central role in delivering neighbourhood models; however, meaningful public sector reform requires a broader, collaborative approach across health, social care, and wider public services beyond a GP-led model.
- Embed co-production and community voice into neighbourhood design and delivery, ensuring services are shaped around the lived experience, needs and priorities of local people and communities.
- Strengthen the use of shared data, intelligence and population insight to identify emerging need earlier, coordinate intervention proactively and sequence support based on informed decision making across the neighbourhood team.

“Neighbourhood models only work when organisations stop acting in parallel and start making decisions together. Integration is built in the moment teams share information, apply collective judgement, and coordinate around the whole person and household need - not the limits of a service.”

iii. Recommendations for National teams and policy makers

National policy has established a clear direction for neighbourhood health and prevention agenda across Government. However, delivery is constrained by cross-system barriers that cannot be resolved locally alone. Therefore, national government needs to prioritise the enabling policy, funding and accountability conditions that support local systems to develop neighbourhood models aligned to the needs of their communities and places.

To enable neighbourhood models at scale, national action is required to:

- Provide clear, consistent policy and guidance on data sharing, enabling earlier, multi-agency intervention rather than crisis-only information sharing.
- Align departments around shared missions and outcomes, reducing fragmentation across health, social care and wider public services.
- Align performance frameworks towards shared outcomes that promote place-based collective neighbourhood working, rather than individual organisational targets.
- Ensure funding flows are reflective of and flexible around shifting models of care required to deliver neighbourhood models of care.
- Ensure upcoming workforce plans and structures across health, social care and wider public services are designed to facilitate neighbourhood models and ways of working
- Support national teams to work shoulder-to-shoulder with Place, ensuring policy is informed by operational reality

The role of national is not to define a single model, but to create the conditions for places to adapt, scale and sustain neighbourhood models, unlocking the full potential of public sector reform.



ANT SHOPPING
PACERIA
UNICO

UNICO

ville

JOREKS-PASSAGE

nameit HAVANNA SHOES

WELCHER CHANGE CASINO

Normalis

BIANCO

Nordea

malas

Gågæde
Følgeskiltet gælder
hverken på tiderne
06-07 10-15
11-04
Zone



REFERENCES

Akeso. Health on the High Street, *Akeso* (online).

Akeso (2025). The High Street Health Revolution: Rethinking Local Care Delivery, *Akeso* (online).

Crawshaw et al. (2024). Health inequalities and health-related economic inactivity: Why good work needs good health, *Public Health in Practice* (online).

Department of Health and Social Care (2025). 10 Year Health Plan for England: fit for the future, *GOV.UK* (online).

Department of Health and Social Care (2026). Neighbourhood health framework, *GOV.UK* (online).

Hemmings, N. and Pettigrew, L (2026). The Neighbourhood Health Framework: enabling the 'left shift' or entrenching the 'right drift'?, *The Health Foundation* (online).

Iqbal, F., et al (2025). Defining the integrated neighbourhood model: a systematic review of key domains and framework development, *BMC Public Health* (online).

Morris, L., et al (2026). What is neighbourhood health?, *The King's Fund* (online).

NHS England (2025). Medium Term Planning Framework – delivering change together 2026/27 to 2028/29, *NHS England* (online).

NHS England (2025). Neighbourhood health guidelines 2025/26, *NHS England* (online).

North East Lincolnshire Council (2026). Cabinet – Future Section 75 Arrangements, *North East Lincolnshire Council* (online).

Reed, S. and Fisher, B (2026). Unpacking the neighbourhood health framework: the good, the bad and the puzzling, *The Nuffield Trust* (online).

St Helen's Borough Council (2024). MEMBERSHIP AND TERMS OF REFERENCE ST HELENS PEOPLE'S BOARD, *St Helen's Borough Council* (online).

Warwick-Giles, L., et al (2025). Delivering Integrated Neighbourhood services: understanding commissioning and service design within Places; Interim report, *National Institute for Health and Care Research* (online).

West Yorkshire Health and Care Partnership. About our Integrated Neighbourhood Health programme, *West Yorkshire Health and Care Partnership* (online).



AUTHORS

Rosie Morgan
Manager

Lucy Armstrong
Senior Consultant

Becca Barnes
Senior Consultant

Tajrian Rahman
Consultant

CONTACT US

Sarah Pinto-Duschinsky
Managing Partner

T: (+44) 20 3011 1381

E: sarah.pinto-duschinsky@akeso.co.uk

www.akeso.co.uk