

ADASS policy statement: Neighbourhood Health

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The NHS 10year Plan and Neighbourhood Health

The Government has set out Neighbourhood Health as an expected cornerstone of the NHS 10-year plan and a clear partnership agenda for Local Government. The guidelines require close partnerships between the NHS, local government, social care providers, the voluntary sector and other community partners, working closely with people who draw on care, their families and unpaid carers.

Integrated care boards and local authorities are asked to jointly plan a neighbourhood health model for their local populations that consistently delivers and connects these core components, focusing initially on people with the most complex health and care needs.

Key Objectives of the 10-Year Health Plan

The 10-year health plan aims to strengthen neighbourhood health services by reducing health inequalities and improving access to care and support in local communities. New neighbourhood health centres will be established, acting as one-stop hubs that bring together health professionals to deliver coordinated and holistic care.

The plan prioritises shifting more healthcare into community settings with increased funding to support community and primary care through new contracts for local providers, while close collaboration between councils, health services, and community organisations will ensure that health solutions are tailored to the specific needs of each neighbourhood.

Role of Social Care and Local Government

Neighbourhood principles see the delivery of care as close to the person as possible and offering choice, control and passing budget to individuals where possible. This of course is not new to Adult Social Care and is a core principle of the Care Act therefore there is a great deal of experience and

knowledge in local government and local communities. For these reasons it is critical that local government and adult social care is seen as an equal partner in neighbourhood planning and delivery.

People understand their own needs best and where they are able to exercise control of their support, in the main, their outcomes are better, and money is used more efficiently than when traditional models of service and professional led decision making is driving planning. This underpins the principle of self-directed support and use of direct payments, and the rationale for greater coproduction with people.

The concept of a 'neighbourhood health service' involves shifting care into the community, not just relocating medical services, but creating an environment where communities can thrive. This requires addressing the impact of declining community assets and infrastructure, and collaborating with local partners to reverse this trend with investment needed for long term sustainability.

The Opportunities

At its core, neighbourhood health aims to support people at home, to prevent admissions to hospital when people don't need to be there and to focus more on prevention and early intervention to keep people well for longer.

It should therefore be viewed as an opportunity for a paradigm shift in health services and, if optimised, can similarly transform local government—enhancing both service delivery and community empowerment.

By strengthening connections between statutory services and communities and addressing social determinants of health, we can create a more holistic and responsive system, paving the way for a healthier, more equitable future.

The opportunities are varied and far-reaching:

Importance of Neighbourhood Health: Tackling social determinants like housing, education, and employment is crucial for improving health outcomes.

Need for Change: Health services will have to fundamentally rethink engagement with individuals and communities to address the root causes of health inequalities.

Transforming Relationships: Building stronger, collaborative relationships between statutory services and communities is essential for effective change.

Harnessing Community Resources: Coordinating health and care resources with community involvement can better support families and individuals.

Local Government Reorganization: Streamlining local government processes and fostering collaboration can ensure services better meet community needs.

At a basic level, neighbourhood planning guidance and ICB changes provide an opportunity to shape a new local delivery model for primary care, community health, and mental health services. ICBs can delegate functions to providers or local government, enabling closer integration of delivery, activity, and resources.

For neighbourhood plans to work to best effect they have to reflect local circumstances and priorities, not be solely driven by a central planning process. For that reason, there needs to be an appreciation that planning for health and care services in neighbourhoods may be best carried out in different ways in different areas. Variation across plans will signify an understanding and consideration of local context.

There is strong potential to advance integrated commissioning, market shaping, and personalised care by aligning local government and ICB functions—whether through neighbourhood teams or neighbourhood-level commissioning.

A further step could involve broader public sector reform, delegating budgets and responsibilities to place-based partnerships across community health, mental health, primary care, DWP, social care, and public health. Key principles would include choice, control, population health management, and local leadership. Delegated prevention and personalised commissioning budgets could incentivise better outcomes, with renewed focus on personal health budgets as a proven but underused tool.

A more radical approach would empower communities to lead service design, realising the NHS Confederation's vision of locally driven health creation and building on the strengths and insight of local people.

What is needed to make it work?

The ability of systems to move to any option will depend on maturity of relationships, boldness of leadership, appetite for delegation and subsidiarity, and a willingness to work on coterminosity at an agreed level.

However, there are design principles that can be taken from policy and thought leadership pieces, and learning from international examples:

1. Implementation Principles

Hyperlocal and Partnership-Driven

Define neighbourhoods and geographies collaboratively, with HWBB oversight.

Design services from the ground up, driven by neighbourhood/community needs and primary care input.

Evidence-Based Planning

Use Joint Strategic Needs Assessment, public health profiles, and population health management data to guide local needs assessment and planning.

Targeting Impact

Focus on care and support that prevent or delay the need for people to be admitted into hospital and residential care.

Align Integrated Neighbourhood Teams and neighbourhood priorities with outcomes for people, not system working.

2. Strengthening Local Leadership and Governance

Enable Local Authority Leadership

Local authorities must be an integral partner in neighbourhood health and care, ensuring alignment with Health and Wellbeing Board (HWBB) priorities.

Ensure capability, resourcing, and system sponsorship at place level, with accountable leaders across health and care who can agree the use of resources across partners.

Recognise Adult Social Care and Local Authorities as Strategic Partners

Adult social care is an integral partner in neighbourhood care, leveraging expertise, knowledge, and community connections which have been built and developed over years.

Build partnerships across the wider local authority recognising how critical housing, transport, leisure and public health are to individuals and community health and wellbeing.

3. Shared Vision and Strategic Alignment

Alignment of Purpose and Outcomes

Align NHS, adult social care, and local government reforms under a shared purpose and vision, ensuring clear communication about the day-to-day impact on people in communities.

Promote shared outcomes across partners rather than fragmented initiatives or isolated projects reporting separately.

Clarify Strategic Boundaries and Regulatory Alignment

Define clear parameters to manage risk, maintain focus, and ensure accountability.

Collaborate with sector regulators to support innovation and joint working in the delivery of care and support.

4. Empowering Local Decision-Making

Local Priorities and Metrics

Prioritise local discretion to set goals, outcomes, and metrics aligned with but not solely determined by national expectations.

Focus measures and outcomes on what matters most for local people and communities and use these to evaluate success.

Optimise Resource Use

Maximise impact of existing resources through Integrated Neighbourhood Teams and neighbourhood health models.

Define core business functions and embed new ways of working into day-to-day operations.

5. Inclusive, Preventive, and Person-Centred Approaches

Promote Inclusion and Prevention

Ensure everyone in a neighbourhood has equitable access to services.

Invest in the neighbourhood through the commissioning of Voluntary, Community, Faith and Social Enterprise sector initiatives, and environmental health strategies.

Community Co-Production

Embed lived experience, community voices, and unpaid carers into service design and priority-setting.

Listen and respond to carers, ensuring that care closer to home does not create unsustainable pressures on unpaid carers.

6. Workforce and Capability Development

Build a Multidisciplinary Workforce

Develop capacity and capability for neighbourhood health through coordinated investment in multidisciplinary roles with training which reflects the skills and qualifications needed for holistic care. Equity with the NHS workforce cannot be achieved unless pay, terms and conditions for social care staff are more aligned.

Support and remove obstacles to, co-location in the same premises of front-line health and social care teams working in the community.

Commissioning and support for delegated health activities to be agreed locally and appropriately funded and supported by the NHS.

Focus on community engagement, personalised care competencies, and integrated team working.

Reflect the changing roles and responsibilities of the care workforce through improved pay, terms and conditions which should be fully funded.

7. Data, Insight, and Learning

Real-Time Data and Intelligence

Implement data-sharing infrastructure, governance, and interoperability standards.

Provide timely, secure, actionable insight at neighbourhood level.

Outcome-Focused Metrics and Evaluation

Use shared, meaningful measures agreed by local partners.

Minimise top-down performance targets and focus on outcomes that matter to people.

Apply continuous learning frameworks to measure effectiveness, equity, and sustainability.

8. Financial Alignment and Incentives

Align Funding with Strategic Priorities

Realign budgets to reflect neighbourhood health priorities and national “three shifts.”

Delegate budgets and create funds for innovation and prevention.

Align incentives across system partners while recognising potential disincentives.

Reorient NHS funding and guidance from a focus on acute to community care.

Ensure clear expectations for system pressures such as elective care and hospital discharge.