Local Trust
trusting local people

Towards a neighbourhood health service

A new partnership between community and the state

"My first visit as Health Secretary was to a GP practice because when we said we want to shift the focus of the NHS out of hospitals and into the community, we meant it. I'm determined to make the NHS more of a neighbourhood health service, with more care available closer to people's homes." - Health and Social Care Secretary, Wes Streeting MP

Summary

The social determinants of health – things like income, education, housing, access to nutritious food and green space – all have their roots at the neighbourhood level. National policies matter a great deal, of course. But one of the biggest factors in addressing health inequalities is also often the most overlooked. And that is **the capacity of citizens to work together, often in partnership with the local state, to develop projects which protect health and improve well-being where they live.** We call this social infrastructure - the community groups and neighbourhood associations that organise local activities, such as running a mental health support group or campaigning for a new football pitch.

How we can help

The new Labour government has a mission to "build an NHS fit for the future". The plans to adopt a long term, prevention-based approach to health are very welcome and to move the NHS towards being a neighbourhood health service, are sorely needed. But if the government is to address the root causes of poor health, it must start by **rebuilding the community capacity** that allows citizens to live healthy lives and protects them from needing to access NHS services in the first place.

COMMUNITY FUND

As a starting point, Local Trust has identified the neighbourhoods in England that face a **double disadvantage** in health: high deprivation, and weak social infrastructure. These areas experience notably poorer health outcomes – not only compared to affluent areas, but compared to similarly deprived areas which have stronger social fabric and community networks.

This is not simply an issue of social justice but of national performance. Estimates from the Marmot Review place the cost of productivity losses associated with illness at £31 billion a year. Add to this another £20-32 billion lost in taxes and spent on welfare, and £5.5 billion in NHS costs (Marmot, 2010).

We know that poor health is disproportionately concentrated in doubly disadvantaged neighbourhoods - addressing this health inequality would significantly reduce demand on public services, counter unemployment and increase local prosperity.

We recommend:

1. **All Integrated Care Systems (ICSs) adopt neighbourhood working to** ensure that decisions and services genuinely reflect both local needs and local community assets. Our experience has shown that a neighbourhood of around 10,000 people is the most sensible level for this approach.

2. **Using geo-spatial data** to identify areas with hyper-local concentrations of poor health. Data at the neighbourhood level can inform risk stratification approaches that enable place focused, targeted, co-produced health and social interventions for high-risk populations.

3. Embedding social prescribing practices into Labour's proposed "Neighbourhood Health Centres" by **employing Community Link Workers** to connect citizens with non-clinical care services and sources of community support.

4. In the longer term, ICSs should aim to **commit one per cent of their budget to community-led initiatives**, in line with a broader shift in resources towards a place-based and preventative health service.

5. That a coordinated **neighbourhood-focused lens** on how this policy area interlinks with others at a hyper-local level should be applied by a dedicated team within government.

About us

Local Trust is an independent charity established in 2012. For more than a decade, we have been delivering Big Local, a neighbourhood regeneration programme aimed at pockets of the country that have historically been overlooked for funding.

We work in 150 deprived neighbourhoods (with populations of 10,000 or fewer) across England, which have each received just over £1 million in funding from the National Lottery Community Fund. It is the largest neighbourhood-based investment programme since the last Labour government's New Deal for Communities.

Using the learning from the Big Local programme, we're working to bring about a wider transformation in the way policy makers, funders and other agencies engage with communities.

Introduction

In 2010, the UK government commissioned a study into health chaired by Sir Michael Marmot. The result - the Marmot Review - was a comprehensive analysis of health disparities in England. It found that people living in the poorest neighbourhoods die on average seven years earlier than those in the wealthiest. "The link between social conditions and health," it argued, should be "the main focus" of the UK's healthcare system (Marmot, 2010).

This is not a new idea. It is well-known that good health is about more than doctors, nurses and hospitals. Poverty, unemployment, the quality of housing, crime rates, green spaces, transport links – these are all significant predictors of health outcomes that can't be treated at the point of care. The idea has since been supported by the World Health Organisation, which found that non-health sectors have a greater impact on the overall health of a population than the health sector, with social determinants influencing up to 55 per cent of health outcomes (WHO, 2023).

This problem is widely recognised at a national level. But until now we have had a very poor understanding of health disparities **at the neighbourhood level**. By this we mean residential areas of around 10,000 people or fewer. There has also been too little study of what can be done to help. This paper fills that gap.

Our expertise

The new Labour government has a mission to "build an NHS fit for the future" and plans to adopt a long term, prevention-based approach to health. The mission document published in advance of the election included crucial plans to improve long term health outcomes, and a shift towards a more holistic approach that

considers the social determinants of health. This is informed by a diagnosis of the current state of the NHS: dangerously long waiting times for appointments and critical services; declining quality of service; a workforce shortage; long-term demographic pressures; health inequality; and the need to reform a reactive healthcare model.

There are certainly things the government can do to improve health at the point of care, with much needed support for hospitals and healthcare practitioners. But prevention is better than cure. In fact, as the Health Secretary said before the general election, pouring money into a reactive health care model results in poorer health outcomes at a higher public cost (Labour Party, 2023). To **successfully transition the NHS from a sickness service to a health service, we need to start with the social and civic infrastructure of neighbourhoods.**

It may seem hard to know where to start or what needs to happen. This is where we can help. For years, Local Trust has been working with communities who have successfully improved the overall health of their neighbourhood, as part of the Big Local programme (see Hashmi, Studdert and Charlesworth, 2023). **This is our expertise as an organisation.** We know what works - and crucially, we know why.

A proven model

Across all of our work, we have found that one of the biggest factors behind health inequality is also often the most overlooked. And that is **the capacity of citizens to work with different tiers of the state to co-create local initiatives that protect health and improve well-being where they live**. We call these initiatives social infrastructure: the community groups and neighbourhood associations who organise and provide activities, services and facilities which for example, support:

- good mental health by addressing loneliness and isolation through befriending and other work
- healthy eating and physical activity projects
- access to local green spaces or recreational facilities
- families to give children the best start in life
- advocacy for environmental protections and other services linked to better health including employment services (APPG for left behind neighbourhoods, 2022).

And of course, there are the wider effects of social infrastructure: a sense of community, connectedness to friends and neighbours, lower crime and other benefits that are important for mental wellbeing, safety, and productivity. These are **preventative measures** and can form the basis of social prescribing, which in turn eases the pressure on primary healthcare.

Crucially, in healthcare, social infrastructure is not just a means to an end, but **an end in itself**. Research shows that communities that engage local people in decision-making create a sense of control and agency – a key determinant of

mental wellbeing (APPG for left-behind neighbourhoods, 2022). A lack of control, on the other hand, can manifest in chronic stress, anxiety, depression, and anger, as well as higher instances of alcohol use and smoking (Action on Smoking and Health, 2019). One study of 4,000 households in Glasgow found that community involvement in regeneration improved people's mental health and reduced anxiety. Meanwhile, a cost-benefit analysis of the Big Local programme found a net benefit of £64 million to residents across four years in terms of improved life satisfaction (Popay et al., 2023).

Wigan

A particular success story is Wigan. In 2010, austerity measures meant that Wigan Council lost millions of pounds from its budget. To try and do more with less, the council partnered with residents to introduce the 'Wigan Deal', which included efforts to encourage physical activity and promote green spaces in the borough. Wigan Council also moved to an integrated model of healthcare, to merge health services with adult social care, and introduced community link workers. These practitioners acted as social prescribers, to connect people with non-clinical services and other support and advice within the community (Wigan Council, 2018).

The plan worked. The scheme has been credited with a 50 per cent increase in the proportion of physically active adults in just five years, and an associated **27 per cent decline in early deaths** from cardiovascular disease (Hashmi, Studdert and Charlesworth, 2023). Meanwhile the council has **saved an estimated £134 million** by reducing demand for primary care (Local Government Association, n.d.).

If the new Labour government intends to transition to a preventative health model, then, it must start by **rebuilding the community capacity** that allows citizens to live healthy lives, without needing to access NHS services. In other words, investing in the social infrastructure of a place: the ability of neighbourhood groups to organise and advocate for changes in their local area. This means three things:

1. **Spaces and places**: community halls, leisure centres, parks, etc.
2. **An active and engaged community**: local leaders, organisations and social clubs.
3. **And the physical and digital forums** that bring people together: public transport networks, websites, WhatsApp groups, notice boards, newsletters, etc.

The case studies below provide concrete examples of the value of social infrastructure and the contribution it can make to improving health and wellbeing at the neighbourhood level.

Kingsbrook and Cauldwell

In Kingsbrook and Cauldwell Big Local, in Bedford, residents took another approach. They designated a community link worker - in this case a 'community health champion' - to signpost and connect patients to local services. The link worker assessed people's needs and connected residents to services like carer support groups, debt and benefits advice, walking groups, and established partnerships to set up new community health initiatives like a gardening group and a running club. The community also identified a service gap in the area and established a local diabetes support group, which has been joined by more than 65 residents.

This socially prescribing approach tackled many of the social determinants of poor health that could have otherwise resulted in a GP appointment. An independent economic analysis of the community champion programme found that the role **saved £39,667** in health and social care costs by reducing demand for services and encouraging health-promoting behaviours. After a year of operation, the local GP funded the programme, given its crucial role in diverting residents to a holistic range of non-clinical health services. Ultimately, the effort is a testament to the power of community-based initiatives to improve health outcomes in the context of scarce resources and a need to move towards prevention.

Ewanrigg

A remote community in Cumbria, Ewanrigg was one of the top 11 per cent most deprived areas in England. It had high levels of unemployment, child obesity, and significant population-level mental health concerns. Until a few years ago, there was little support in place.

With the help of funding from Big Local, the community in Ewanrigg Big Local decided to act. They opened a drop-in centre where residents can speak to volunteers trained in listening and mental health support. This was accompanied by a wider 'Hug a Mug' programme to support community listening and to signpost local resources for those struggling with mental health. From 2017 to 2020, the centre **served 317 residents** who created a collective 2,988 requests for information or support. Its volunteers provided **1,734 hours of support**, referring residents to over 40 organisations including the Department of Work and Pensions, Citizens Advice, Crisis, and other voluntary sector organisations. These referrals addressed a wide variety of issues: mental health, financial issues, loneliness, and drug problems among others. The programme also won a variety of awards, including the National Mental Health and Wellbeing Award for Most Innovative Mental Health Intervention.

Why this matters

Local Trust has identified the **225 neighbourhoods** in England that face a **double disadvantage** in health: high deprivation, and weak social infrastructure. These are the places most in need of support. They experience notably poor health outcomes – not only compared to affluent areas, but compared to **similarly deprived areas which have stronger social fabric** and community networks.

In places of double disadvantage:

- residents are more likely to suffer from 15 of the 21 most common health conditions
- people have a significantly higher risk of lung cancer, and are much less physically active
- men and women live 3.7 and 3 years less than the national average, respectively
- and overall, since 2010, life expectancy in these areas has been in decline (APPG for left-behind neighbourhoods, 2022).

There is a concentration of poor health in doubly disadvantaged neighbourhoods. It has been estimated that eliminating health inequality in these areas could reduce the cost of public service by £29.8 billion each year, reduce unemployment and increase local prosperity (APPG for 'left behind' neighbourhoods, 2022).

One such neighbourhood is Littlemoor, in Dorset, about two miles north of Weymouth. The suburb suffers from both poor social infrastructure and high levels of deprivation. Compared to neighbouring wards, residents live six fewer years in good health (Local Insight, 2023). The dramatic difference in outcomes between people so nearby highlights the need for local, grassroots data and solutions.

Correcting these inequalities is not simply an issue of social justice but of national performance. Estimates from the Marmot Review place the cost of productivity losses associated with illness inequalities at £31 billion annually (Marmot, 2010). To this can be added another £20-32 billion lost in taxes and spent on welfare, and £5.5 billion in additional NHS costs (Marmot, 2010).

Our policy recommendations

The following are some steps the new government can take to improve health outcomes and shift towards prevention and a neighbourhood focused health service. A necessary complement to each of these solutions is our overall recommendation of **small scale funding to build community capacity building** at the neighbourhood level.

We further recommend:

1. **All Integrated Care Systems (ICSs) adopt neighbourhood working** to ensure that decisions and services genuinely reflect both local needs and local community assets. Our experience has shown that a neighbourhood of around 10,000 people is the most sensible level for this approach. Neighbourhood teams should build strong links with local community organisations and partnerships, rather than exclusively focusing on formalised VSCE organisations. This is particularly important in neighbourhoods lacking social infrastructure and existing capacity.

2. **Promoting the use of geo-spatial local level data** to identify hyper-local areas with spatial concentrations of poor health outcomes. Data at the

neighbourhood level can inform risk stratification approaches that enable place focused, targeted, co-produced health and social interventions for high risk populations.

3. **Employing Community Link Workers** to embed the use of social prescribing practices in ICS neighbourhood working as well as in Labour's proposed "Neighbourhood Health Centres". These support workers would act as a key point of contact - or a signposting service - to connect people with non-clinical care services and community support. Neighbourhood Health Centres should also encourage the free or low-cost use of their physical space to support community activities with health benefits. In Wigan, every £1 invested in community link workers was associated with a social return of £10.40 and fiscal return of £3.55 in reduced demand for health services (Wigan Council, 2018).

4. In the long term, ICSs should aim to **commit one per cent of their budget to community-led initiatives** implemented at the neighbourhood level, in line with a broader shift in resources towards a place-based and preventative health service.

5. That a coordinated **neighbourhood-focused lens** on how this policy area interlinks with others at a hyper-local level should be applied by a dedicated team within government.

Bibliography

Action on Smoking and Health (ASH) (2019). *Health inequalities and smoking*. London, ASH.

All-Party Parliamentary Group for left-behind neighbourhoods (2022). *Overcoming health inequalities in 'left behind' neighbourhoods*. London, APPG for 'left behind' neighbourhoods.

Buck, D. and Ewbank, L. (2020). *What is social prescribing?* London, The King's Fund.

Curtis, P., Glover, B. and O'Brien, A. (2023). *The preventative state*. London, DEMOS.

Hashmi, I., Studdert, J. and Charlesworth, L. (2023). *WELL-PLACED: The impact of Big Local on the health of communities*. London, New Local.

Johns, M. and Hutt, H. (2023). *Looking out to level up: How the North and the UK measure up*. London, Institute for Public Policy Research.

Labour party. (2023). *Labour's missions: Build an NHS fit for the future.* London, Labour party. (Accessed March 2024).

Local Government Association (LGA) (n.d.). *Asset-based approaches in local authorities: the Wigan experience*. London, LGA.

Marmot, M. (2010). *Fair society, healthy lives: The Marmot review*. London, Institute of Health Equity.

Marmot, M. (2020). *Health equity in England: The Marmot review 10 years on*. London, The Health Foundation.

NHS Confederation (2023). *Creating community hubs to support local populations*. London, NHS Confederation.

NHS Confederation (n.d.). *Neighbourhood integration project*. London, NHS Confederation.

Oxford Consultants for Social Inclusion (OCSI) (2023) *Local Insight*, accessed December 2023.

Oxford Consultants for Social Inclusion (OCSI) (2020). *Left behind areas 2020 – Interim Set*. OCSI, Oxford.

Popay, J., Halliday, E., Mead, R., Townsend, R., Akhter, N., Bambra, C., Barr, B., Anderson de Cuevas, R., Daras, K., Egan, M., Gravenhorst,K., Janke, K., Safiriyu Kasim, A., McGowan, V., Ponsford, R., Reynolds, J., Whitehead, M. 'Investigating health and social outcomes of the Big Local community empowerment initiative in

England: A mixed method evaluation'. *Public Health Research*, 11 (9) (2023).

Streeting, W. (2023) Wes Streeting's speech at Labour Conference. Labour Party (Accessed July 2024). Available at: https://labour.org.uk/updates/press-releases/wes-streetings-speech-at-labour-conference/.

Streeting, W. (2024) Wes Streeting's visit to a London GP surgery. Department of Health and Social Care (DHSC), NHS England. (Accessed July 2024). Available at: https://www.gov.uk/government/news/new-health-secretary-joined-by-nhs-ceo-on-london-gp-surgery-visit.

Wigan Council (2018). *Making healthier Wigan a reality*. Wigan, Wigan Council.

World Health Organization (WHO) (2023). *Social determinants of health*. Geneva, WHO.

About Local Trust

Local Trust is a place-based funder supporting communities to transform and improve their lives and the places in which they live. We believe there is a need to put more power, resources, and decision-making into the hands of communities. We do this by trusting local people. Our aims are to demonstrate the value of long term, unconditional, resident-led funding, and to draw on the learning from our work delivering the Big Local programme to promote a wider transformation in the way policy makers, funders and others engage with communities and place.

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