London Neighbourhoods Community of Practice

16th July Outputs

Key insights from 16th July CoP Event

143 people joined the CoP event representing many sectors (primary care, community health, mental health, VCFSEs, local authority, ICB, social care and more) and gave their insights on the following areas:

Neighbourhood Design Principles

Participants reviewed and voted on a set of design principles to guide how neighbourhood health is put into practice. The discussion highlighted the principles seen as most important, as well as areas needing strengthening.

Most Important

- **Prevention in every response** — act earlier and prevent needs escalating.
- **Start with need** — organise support around the person, not organisational boundaries.
- **One shared understanding** — enable services to work from a common view of need.

Areas to strengthen

- **Data sharing** across organisations.
- **Greater focus on funding, relationships, holistic care, social care and social prescribing.**
- **A clearer definition** of who is in the neighbourhood team, how it works and where responsibility sits.

What does neighbourhood health look like?

Across the breakout rooms and tested through resident journeys, participants supported the ambition of person-centred, coordinated neighbourhood care, while highlighting issues that need to be worked through in implementation.

Key themes identified

1. **There was strong support for the overall ambition:** people want care organised around what matters to the individual, with continuity, trusted relationships and services working together rather than passing people between them.
2. **The questions were mainly about implementation, not the direction of travel:** participants highlighted the need to describe neighbourhood health in a way that reflects the non-linear reality of people's lives, including changing circumstances, disengagement and periods when services may not be available.
3. **Joining up information and decisions was a common practical priority:** participants repeatedly asked for shared records, common assessments, clear coordination and clarity about who is responsible when several organisations are involved, while ensuring smaller VCSE organisations can participate without disproportionate governance or administrative requirements.
4. **There was a clear call to involve local authorities, mental health and the VCSE sector from the beginning:** these services need sustainable funding and genuine involvement in neighbourhood working, rather than being brought in only once needs have escalated.
5. **Participants want the next stage to become more concrete and co-produced:** define what the "team of teams" looks like, show how funding and accountability will work, build on existing local examples, and test the model against more complex and less predictable resident journeys.

Key insights from 16th July CoP Event

What did participants want to see more of when articulating neighbourhood health?

Participants wanted neighbourhood health to feel **less transactional and more relational,** with prevention, partnership and personalised care at its core. They emphasised the importance of designing around people and communities rather than organisational structures.

- **Greater emphasis on prevention and wellbeing,** with a stronger focus on public health, mental health, families, and tackling the wider determinants of health.
- **More relational, person-centred care** with holistic assessments and simpler, more consistent points of contact.
- **Stronger integration with communities and the VCFSE sector**; recognising these organisations as equal partners within neighbourhood teams; supported by shared language, joint working and collaborative commissioning.
- **A broader neighbourhood perspective**, reflecting resident priorities and wider issues such as accessibility, inclusion and the local environment.
- **Practical implementation and workforce support**, including good practice examples and realistic delivery plans.
- **Better use of data and technology**, improving care coordination through shared information, technology-enabled care, AI, and more comprehensive data across services - including areas such as dentistry.

What did participants think was missing in the conversation?

Participants wanted the conversation to move beyond defining **"what" neighbourhood health is towards explaining "how"** it will work in practice. This included greater involvement from residents, clearer examples of delivery and stronger collaboration across sectors.

- **Resident voice as part of these discussions** to hear from them directly about how the system could work.
- **Real-world examples and evidence of good practice**; including from residents (children as well as adults) and staff; including frailty models, community hubs, outreach services, integrated legal advice and specialist support linked to neighbourhood teams.
- **Greater recognition of the wider determinants of health,** acknowledging that people may need other needs met before they can fully engage with health improvement.
- **Stronger, more equitable partnership working** to create genuine collaboration across organisational borders; including VCFSEs.
- **More emphasis on integrated neighbourhood delivery,** making better use of community assets and multi-purpose touchpoints (such as pharmacies), helped via mapping and sustainably funding the local offer.

What needs to be strengthened in our thinking?

Participants felt the next stage should make the neighbourhood health model **more practical, collaborative and grounded in the realities of delivery.** There was a strong emphasis on clearer leadership, realistic implementation and demonstrating how the ambition translates into change.

- **A stronger systems approach** with core collaborative leadership across different organisations.
- **Greater focus on prevention**, shifting thinking towards earlier intervention.
- **More realistic implementation plans**, recognising current pressures such as workforce shortages and competing financial priorities.
- **Clearer transformation plans –** *how* do we get from where we are to where we want to be.
- **Learning from practice** and drawing on successful examples.
- **Better communication and innovation,** helping partners understand the model and supporting new ways of working.

Key insights from 16th July CoP Event

There was broad support for the ambition of neighbourhood health, but different views on how the model should operate in practice.

Who coordinates?

Some groups welcomed a **clearly identified coordinator**, however there was question as to **who should lead coordination**: whether NHS-led, jointly held or distributed across the neighbourhood team.

Consistency vs flexibility

Participants wanted both **greater consistency and standardisation** across London; while at the same time still be able to have **flexible and responsive local delivery** tailored to individual circumstances.

Prevention vs immediate pressures

There was strong support for a more preventative model, but participants recognised the **challenge of shifting resources upstream** while services are managing significant current demand, workforce and financial pressures.

Digital enablement, not exclusion

Digital systems and shared records were seen as necessary; but several groups warned that they could **add administrative burden,** exclude smaller VCFSE organisations or undermine trusted relationships if implemented poorly.

Integration without losing identity

The value of 'identity' and clear service and professional expertise was emphasised, with participants highlighting that **integration should not blur or diminish distinct service contributions.**

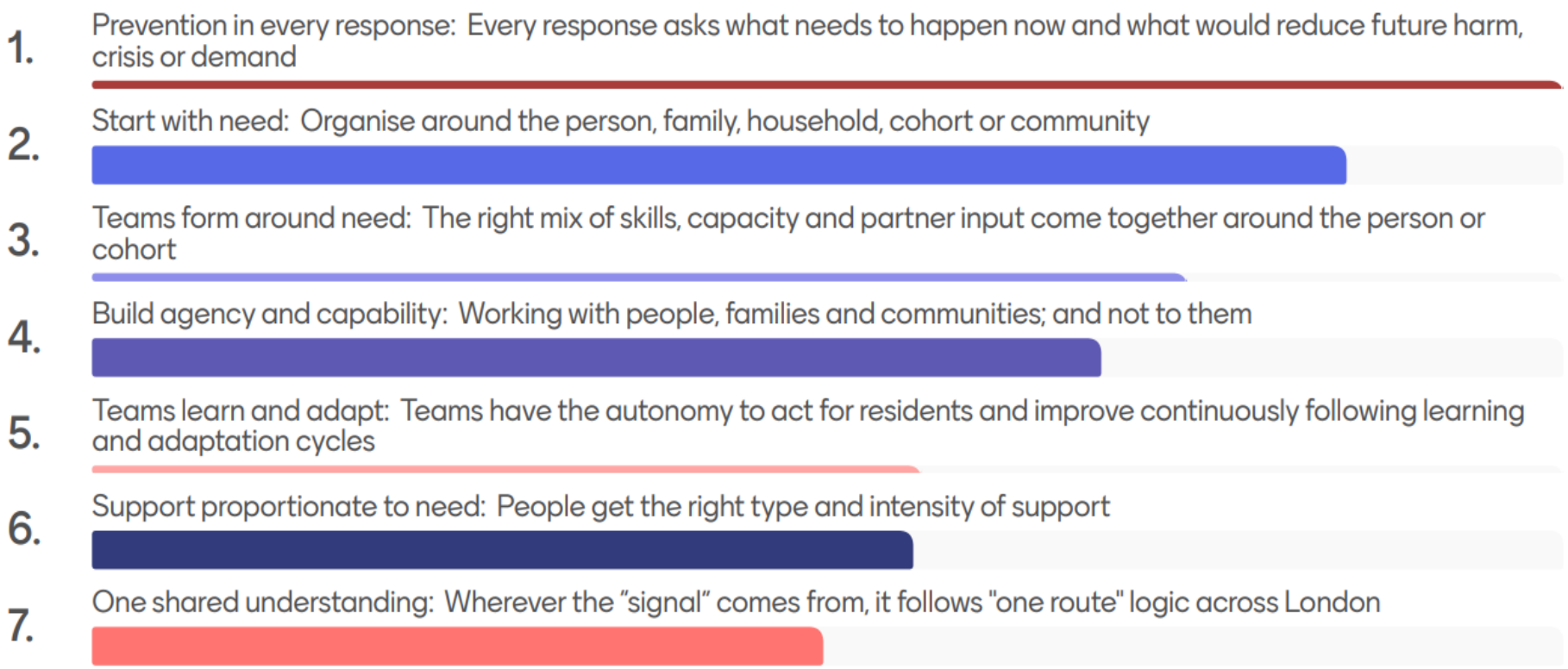
Shared responsibility vs clear accountability

Neighbourhood health depends on organisations working collectively, but participants also wanted clarity on **who is accountable for decisions, delivery and outcomes** when responsibility is shared across partners.

Key features of neighbourhood health

What is most important for neighbourhood health to become real?

Participants voted for neighbourhood health design principles that are most important for neighbourhood health to become 'real'



Key insights

- **"Prevention in every response"** was voted as feeling the most important of the design principles, with **"start with need"** a in second
- **"One shared understanding"** was deemed the least important Design Principle overall, however was still deemed important by through being ranked middling or highly by a significant amount of responders

What do we need to make sure we don't forget?

Participants voted on what we may miss that is core to neighbourhood health, or what we need to focus on

Key insights

- **Data and integration** stood out as the clearest gap, with participants highlighting the importance of shared information, interoperable systems and better digital connectivity.
- **Relationships and sustainable funding** were seen as fundamental enablers of effective neighbourhood working, helping partners collaborate and build trust over time.
- **Participants also stressed the need for a broader, holistic and preventative approach**, bringing together social care, social prescribing and wider community support alongside health services.



What do you want to see more of to help Places deliver neighbourhood health?

Participants wanted neighbourhood health to move beyond transactional working towards a more relational model, with prevention, partnership and personalised care at its core.

1 Greater emphasis on prevention

Stronger focus on public health, mental health, families, and tackling the wider determinants of health.

- *"People need basic needs met before they can address additional things like healthy eating etc."*
- *"People are within a family system: if we are serious about prevention, we need to consider children."*
- *"More of a preventative response and the need for it to be proactive, and not reactive."*

2 A broader neighbourhood perspective

Reflecting residents' priorities and wider factors that shape health, incl. accessibility, inclusion and local circumstances.

- *"More views of patients/users/public. This still feels like a 'Health' response to a complex multi-dimensional issue."*
- *"Communities are so varied – we need much more flexible services and pathways."*

3 More relational, person-centred care

Holistic assessments and simpler, more consistent points of contact.

- *"Need to be more relational at patient and care provider level."*
- *"Start with understanding the needs of the individual before they are labelled as a patient."*
- *"The patient being part of the INT. They also make the decisions about their care."*

4 Practical delivery and workforce support

Good-practice examples, clarity on roles and resources, workforce development, and realistic delivery plans.

- *"Do we have the right workforce for this?"*
- *"Practical frameworks – Supporting the workforce to prepare and shift into neighbourhood working."*
- *"Can not underestimate the resources/cost of managing a multi-agency approach and collaborative working – people need training and support to develop a shared language and approach."*

5 Stronger VCFSE integration

Recognising VCSE organisations as equal partners in neighbourhood delivery, supported by shared language, joint working and sustainable partnership arrangements.

- *"We need to consider the VCSE as part of the integrated neighbourhood team, not something that the integrated neighbourhood team works with."*
- *"The shared language and space for relational development between all partners including VCFSEs."*
- *"NHS is not an equal partner. It is self-centred/NHS first. How can we train NHS to be inclusive of other partners from the start."*

6 Better use of data and technology

Improving coordination through shared information, technology-enabled care, AI, and more comprehensive data across services.

- *"Much greater use of digital (in its widest sense) to share information, pick up alerts etc."*
- *"Data-informed decision making. Technology-enabled care. AI tools to improve resident access to care."*
- *"Data, data, data– we need to be better at collecting and sharing."*

Cross-room synthesis: areas of strongest agreement

Theme	Rooms raising it	Cross-room finding
Person-centred, holistic and coordinated care	**10 of 10**	There was strong support for care organised around the person's priorities, wider circumstances and outcomes, rather than around individual services or diagnoses.
A shared understanding of the person	**8 of 10**	Participants consistently valued better communication across teams, supported by shared information, common assessment approaches and fewer separate care plans.
Relationships, continuity and active coordination	**8 of 10**	Trusted relationships, warm referrals and active coordination were seen as central to good neighbourhood working, reducing the need for people and families to repeatedly navigate services or retell their story.
Earlier prevention and proactive support	**6 of 10**	Participants supported intervening earlier, including around loneliness, mental health, housing, falls and other wider determinants, rather than waiting until needs have escalated.
Local authorities and VCSE as core partners	**8 of 10**	There was strong agreement that local authorities, VCSE organisations and wider community partners are integral to neighbourhood health, particularly in addressing housing, finance, employment, loneliness and other non-medical needs.

Cross-room synthesis: common concerns and conditions for success

Theme	Rooms raising it	Cross-room finding
Reflecting the reality of people's lives	**4 of 10 explicitly,** with similar concerns in others	We need a way to articulate neighbourhood health that recognises that people's lives are not linear: circumstances change, people may disengage and re-engage, services may not always be available, and support needs can change over time.
Clear leadership, accountability and decision rights	**5 of 10**	The model needs to be clear about who takes the lead, who keeps sight of progress, how decisions are made, and how responsibility is shared when organisations disagree or a resident needs additional support.
Creating the capacity for neighbourhood working	**5 of 10**	Effective neighbourhood working needs time for coordination and relationship-building, alongside sustainable support for VCSE and wider wraparound services.
Enabling joined-up working across organisations	**7 of 10**	Different IT systems, thresholds, referral routes, commissioning arrangements and organisational requirements need to work together more effectively to enable joined-up care.
Embedding the wider determinants of health	**6 of 10**	Housing, employment, finances, legal advice, social connection and family or community assets need to be more visible and integrated into how neighbourhood health is described and delivered.