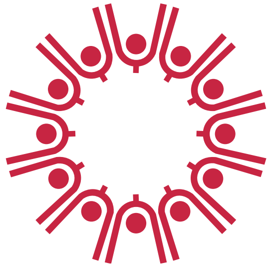

Integrated Neighbourhood Working

A Community-Led Future Within Reach

NAVCA

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Integrated Neighbourhood Working:

A Community-Led Future Within Reach

The report at a glance

This report is grounded in the lived experience of NAVCA members, local infrastructure organisations (LIOs) working to support and advocate for communities across England, and ICS-VCSE Alliances working at the interface between the 42 Integrated Care Boards (ICBs) and the VCSE sector. Together, they enable over 165,000 local and grassroots organisations to connect statutory partners with what really matters in local places. Their insights provide the upstream intelligence that shapes this report and illustrates what integrated neighbourhood health working looks like in practice.

Ultimately, integrated neighbourhood working is about creating the conditions for healthier, more connected, and equitable communities. The VCSE sector is a vital bridge; enabling services to understand, reach, and respond to people through the trusted organisations that know them best.

What's the opportunity?

Integrated neighbourhood working is designed to bring care and support closer to communities; tackling inequalities and design services around local priorities. Local VCSE partners play a vital role in making this real, helping to shape services with and for the people they serve, drawing on their insights and trusted relationships to connect systems to the lived experience of communities.

What's the reality?

The ambition is clear, but on the ground, neighbourhood working often falls short. Local VCSE organisations and the communities they serve are left out of decision-making. Commissioning remains complex, and funding short-term, limiting trust, stability, and innovation. Too often, services are commissioned to meet immediate clinical pressures, rather than to build the conditions for long-term community health and resilience, missing the chance to reduce future demand on public services.

What's working?

When local VCSE leadership is supported and integrated within neighbourhood working, it builds a network of trusted community connectors, engages those normally furthest from statutory services, enables trauma-informed approaches, and generates data and insight, bringing local people and organisations together to shape impactful services.

What needs to change?

We need to see local VCSE infrastructure organisations (LIOs) anchored into health systems at multiple levels – neighbourhood, place and system. That requires clear roles within emerging neighbourhood structures, through the Health and Wellbeing Board footprint, and in ICSs. They hold the coordination and representation role that connects communities, multiple 'Health Neighbourhoods' and wider system structures. We note that people, communities, and local VCSE organisations don't naturally fit within system geographies; 'neighbourhood' means different things in different places and is defined by the people who live there. Anchoring infrastructure at place and system level of ICSs is essential to bridge these boundaries, convene the right voices, and align insight across neighbourhoods. It ensures that prevention, inclusion, and design decisions are grounded in lived experience in that place, not driven by a top-down approach.

This report:

- Shares insights from NAVCA members and ICS-VCSE Alliances on how Integrated Neighbourhood Working is developing in practice.
- Sets out real-world examples and case studies showing where community-led and partnership approaches are making a difference.
- Suggests eight policy priorities to strengthen neighbourhood working through better commissioning, funding, and collaboration.
- Provides evidence of the VCSE sector's role as a strategic enabler of prevention, inclusion, and locally shaped health and care.
- Makes recommendations for national and system leaders to anchor local infrastructure at place level and ensure community voice drives design and delivery.
- Makes a call to action to move beyond rhetoric and build neighbourhood models that work with, not just for, communities.

Overview

The case for neighbourhoods has never been clearer. With NHSE's recent guidance on working with neighbourhoods, a growing body of evidence and reports on the importance of communities, there is momentum behind taking a local, place-based approach to health and care. This is essential to achieving one of the NHS's three strategic shifts: from hospital to community.

Integrated neighbourhood working is meant to do exactly that: bring services together around communities, co-designing care in a way that reflects local priorities and realities. But too often, that ambition doesn't match what people and communities experience on the ground. The VCSE sector has a vital role in bridging this gap, translating the idea of 'community health' beyond a narrow, medical model to one rooted in connection, prevention, and lived experience. Local VCSE organisations hold the trust, insight, and reach that make co-designed, person-centred care possible. Without their active contribution, neighbourhood working risks becoming a clinical coordination exercise rather than a community-powered approach to wellbeing.

NHS England's 2025/26 Neighbourhood Health Guidelines and a suite of recent independent research reports show a clear direction of travel: more prevention, more place-based working, and more community leadership.

That opens a window of opportunity to pause and reflect on Integrated Neighbourhood Teams. At NAVCA, we've heard from our members, local infrastructure organisations, embedded in communities across England, and from ICS-VCSE Alliances trying to make neighbourhood partnerships work at system level. We've reviewed these insights from our network alongside a range of recent reports and documents, to take stock of where we are, the barriers in place, and what needs to change.

If this moment passes without clear action, there is a real risk that the opportunity for community-led health will be lost. Neighbourhood working could become another top-down restructure, with communities once again, being 'done too' rather than being supported to shape the solutions which work best for them.

In this report we share what we found, and what we think needs to happen next.

Insights from our network

To better understand how neighbourhood working is taking shape on the ground, NAVCA has engaged with both local infrastructure organisations (LIOs) and ICS-VCSE Alliances across England. This paper shares a synthesis and analysis of the insights they provided.

The perspectives shared by LIOs and Alliances offer a vital reflection on the opportunities and challenges of integrated neighbourhood models. While there is a clear commitment to realising the potential of neighbourhood health, there are recurring concerns about definitions, governance, funding, and the fundamental issue of power: who holds it, how it is shared, and how communities are meaningfully involved.

Key takeaways

Complex and exclusionary commissioning processes disproportionately disadvantage small VCSE organisations, despite their deep local reach.	**Grants should be used alongside contracts** as a flexible and accessible route for smaller organisations, enabling innovation, inclusion, and locally tailored support.
Procurement systems favour large providers, creating barriers to entry for community-based organisations with limited back-office capacity.	**Neighbourhood health risks being dominated by statutory bodies**, losing the community insight, trust, and reach that make neighbourhood working effective.
Short-term and unstable funding cycles undermine trust, innovation, and continuity of support. Many VCSE organisations report delivering services for weeks without signed agreements or payments, creating financial risk and uncertainty	As policy and guidance in this space are developed, **there is a clear opportunity to ensuring neighbourhood working is resourced in ways that sustain connection, prevention, and trust across communities**. Without this, neighbourhood health risks being dominated by statutory bodies, losing the community insight, reach and engagement needed to allow the Government to fulfil the ambitions of the 10-year plan.
There is a strong **call for proportionate, long-term, and inclusive commissioning models** that reflect community need and value the diversity of VCSE contribution.	

Defining neighbourhoods and place

Local infrastructure organisations consistently emphasised the importance of neighbourhoods as places where people live and connect, often hyper-local in reality. Many challenged the default assumption that neighbourhoods should map onto Primary Care Network footprints or administrative boundaries. For communities, they said, a neighbourhood might be as small as a single housing estate or as nuanced as a community of shared identity; shaped by language, faith, or lived experience. One LIO observed that even the 30,000 to 50,000 population sizes often used in NHS models felt too large to hold coherence or relevance for the communities they work with.

Culture, trust, and parity of esteem

The dominant concern among LIOs was around culture and trust. While integration in theory implies mutual respect and partnership, in practice, many felt that voluntary and community organisations are still treated as peripheral to decision-making. One respondent noted that statutory partners *"still seem to expect the VCSE to integrate into their processes,"* rather than meeting in the middle to co-create shared approaches. Another stated plainly: *"If you're not clinical or medical, you don't count, that comes across loud and clear."* These perceptions, they argue, are not only frustrating but also fundamentally limit what can be achieved through integrated neighbourhood models.

Funding instability and barriers to participation

Funding was another significant concern. Short-term grants, lengthy delays in payments, and disproportionately complex procurement processes, were cited as key challenges. Many organisations reported that the stop-start nature of funding erodes both organisational stability and the trust they have built with communities. Projects demonstrating real outcomes are often forced to close when funding ends, causing distress among beneficiaries and undermining confidence in the system. *"We could do so much more with longer and more stable funding".*

When partnership works

LIOs also offered examples of what can work when community partnerships are resourced and respected. From trauma-informed approaches co-designed with local residents, to networks of community connectors supporting access to care, their contributions demonstrate how trusted local infrastructure can enable targeted, culturally competent, and impactful support.

One LIO described how their trustees funded a pilot youth social prescribing project, which was later adopted and expanded by the local Primary Care Network (PCN). The programme stood out for its whole-family approach and strong links with local VCSE services, offering young people tailored, community-based support developed in collaboration with those delivering it on the ground.

System-level roles and governance

For ICS-VCSE Alliances, many of the same themes emerged; particularly around the ambiguity of roles and the limits of current system governance. Several Alliance leads noted that while they are positioned to convene and coordinate the sector at system level, they are not always included in strategic decision-making, particularly when it comes to setting priorities or allocating resources. There is a sense that the potential to drive transformation is not yet matched by the structures or behaviours required to enable it. As one System Alliance Lead noted, the idea of a 30-50k neighbourhood *"feels increasingly out of step with how communities experience place,"* especially when driven by top-down service architecture rather than grassroots engagement.

Data, intelligence, and insight-sharing

A consistent issue raised was the lack of access to meaningful data. While NHS and local authority partners hold substantial system-level intelligence, this data is not always shared with local VCSE organisations, nor is community-held intelligence consistently valued in return.

Where things are working well, Alliances are developing more equitable and reciprocal models of insight-sharing, for example, community intelligence workstreams that embed lived experience within population health planning. However, such examples remain rare; genuine data-sharing and mutual valuing of expertise are still the exception, not the norm, with information governance and COPI regulations too often cited as barriers rather than enablers.

Emerging practice: community intelligence as a strategic enabler

An ICS-VCSE Alliance lead described how, in their area, community intelligence is being positioned not as an add-on to data-led planning, but as a strategic enabler within Integrated Care System priorities. They are developing a community intelligence workstream to complement traditional NHS and local authority datasets, with the aim of embedding lived experience into population health management approaches.

This is particularly relevant as systems work to target interventions and allocate resources more effectively at neighbourhood level. The Alliance emphasised that without the inclusion of community-held insight, drawn from frontline VCSE organisations and the people they support, policy decisions risk being skewed toward what is measurable, rather than what is impactful.

This initiative reflects a growing recognition that strategic planning and transformation efforts must be grounded in both system data and community voice if they are to deliver equitable, place-based outcomes. As the Alliance put it, applying community intelligence *"is as important as system-level data"* when shaping neighbourhood priorities. The consistent message is that when communities are meaningfully involved, through trusted VCSE organisations, outcomes improve. People feel heard, services fit better, and inequalities start to narrow.

Defining Neighbourhood Health: clarity, coherence, and connection

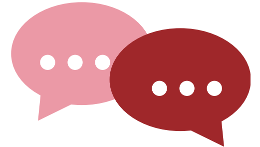
There was also a shared call for greater clarity and coherence in the definition and purpose of Integrated Neighbourhood Teams, as well as the additional integrated neighbourhood workstreams within local systems; how they operate, interrelate, and differ. As things stand, the concept is interpreted and operationalised differently depending on local leadership and legacy structures. More importantly, there is confusion from both public sector and VCSE sector staff working on the ground. Both LIOs and Alliances spoke to the need for a shared, principles-based definition, one that is rooted in community experience, guided by co-production, and supported by long-term investment in local infrastructure.

"Integrated Neighbourhood Working means different things in different places, we need a shared, principles-based definition that's grounded in communities, not just systems."

Relationships and social infrastructure

Our insights showed a strong emphasis on the importance of relationships, informal networks, and social infrastructure. Whether framed as community connectors, neighbourhood hubs, or just trusted spaces, it was clear that integration cannot succeed without investing in the people and places that form the fabric of local life. As one respondent put it:

"You can't commission trust, but you can fund the relationships that make trust possible."



Commissioning challenges and access to resources

A recurring frustration, however, was the continued complexity of commissioning processes and the perceived bias toward larger organisations. Several contributors noted that procurement processes are often inaccessible to smaller, hyper-local VCSE organisations, even when they are best placed to deliver. Without reform, many fear that neighbourhood health models will remain dominated by statutory bodies and large providers, missing the richness and reach of community-based organisations. The annual cycle of reapplying for funding diverts time and resources away from service delivery and contributes to organisational precarity.

"We continue to receive referrals (for our service) from neighbourhood teams… but still have to reapply for funding every year and justify what we do."

Cautious optimism and the way forward

Yet despite these challenges, the tone across all responses was one of cautious optimism. Both LIOs and ICS-VCSE Alliances see neighbourhood health as a potentially transformative opportunity; one that could reshape the relationship between communities and services, and between statutory systems and the local VCSE sector. However, for that potential to be realised, the system must move beyond rhetoric and begin to address the structural and cultural barriers that prevent true partnership. As one LIO respondent concluded:

"Neighbourhood working won't succeed if it's just a new coordination model for the NHS. It has to be rooted in people, in place, and in trust, otherwise, it's just another missed opportunity."

Without change, integration risks becoming a technical exercise rather than a people-centred movement. Communities will disengage, smaller VCSE organisations will disappear, and systems will lose the very intelligence and trust they need to reach those most at risk of poor health outcomes.

There is strong consensus on the way forward: health neighbourhoods must be aware of the communities that are within and live across their geographical boundaries; community voice must be embedded, not just consulted; and the VCSE sector must be recognised as a strategic leader in prevention, inclusion, and co-production.

So, what?

In theory, neighbourhood working should enable place-based health and care shaped by local need. In practice, LIOs and ICS-VCSE Alliances report mixed experiences. There is inconsistency and the concept is interpreted differently depending on where you are, and the leadership in place. There's confusion over definitions, patchy engagement, and investment doesn't match the ambition.

At worst, neighbourhood working risks defaulting to an NHS coordination exercise — improving local join-up but missing the wider opportunity to create community-powered approaches to health. While better coordination within the NHS is undoubtedly important, if it happens in isolation from the people and communities it serves, it risks wasting investment, duplicating effort, and entrenching the very inequalities that neighbourhood working is designed to address.

Neighbourhood health is not a new idea. But what we do with neighbourhoods now will decide whether they really become vehicles for transformation, or just another missed opportunity. Community-led health is within reach, but only if we invest in the local infrastructure that makes it possible.

When neighbourhoods are genuinely community-led, people experience joined-up care, earlier help, and greater trust in local services. This isn't just a VCSE success story, it's a health and wellbeing outcome story.

Why VCSE support structures are key to the success of integrated neighbourhood working and shifting care into the community

Local infrastructure organisations (LIOs) are the glue that holds local systems together. They convene, connect, advocate, and amplify the voice of communities. Strong infrastructure translates into stronger outcomes for people: joined up community groups, earlier support, reduced isolation, and more equitable access to care. With over 400 VCSE organisations typically operating in each PCN area (NAVCA, 2025), LIOs are vital to making sense of that complexity and ensuring it's driven by what communities need.

However, local infrastructure isn't just about coordination, it's what enables other approaches to thrive. Whether the focus is on building community power, embedding lived experience, or scaling what works in service delivery, none of this can happen without the connective tissue that links people, places, and policy. LIOs provide that route into communities and out again: translating insight into action, connecting strategy with delivery, and ensuring change is grounded in real lives, not just system plans.

Without investment, however, this leadership, knowledge and expertise cannot be fully utilised. If local infrastructure continues to be under-resourced, the system will lose this connective tissue that links statutory partners with communities; weakening prevention, slowing flow, and increasing demand on crisis services. Our insights indicate that engagement is fragmented, intelligence isn't shared, and involvement in neighbourhood health planning feels tokenistic. Add in complex commissioning and power imbalances, and it's no wonder partnerships often fall short of their potential.

You can read more about the unseen but essential 'microbiome' of the voluntary sector, in our thought piece with University of Exeter and the Social Innovation Group. There is also more information on the size of the voluntary sector here.

ICS-VCSE Alliances: bridging the gap between neighbourhood and system-level strategy

ICS-VCSE Alliances are system-level drivers of collaboration, but they're not always treated that way. Alliances say that with all the changes underway, there's a lack of clarity around their role in governance, limited access to meaningful data, and little stability in funding. While Integrated Neighbourhood Teams are meant to embed prevention and co-production, those ambitions often get stuck in NHS-centric planning cycles; driven by service targets and fiscal pressures, rather than by local priorities or lived experience.

To fix this, ICSs need to treat Alliances as essential system partners, equipped with the resource, representation, and respect to lead change.

Neighbourhood health must start with community power, and investment in infrastructure

We believe integrated neighbourhood health models must be rooted in community voice, with local VCSE organisations acting as the bridge between people, communities, and systems - as equal, strategic partners, not just delivery arms.

This means investing in the people, leadership, and infrastructure that connect communities with place and system, ensuring decisions and resources are shaped around what matters to local people, not simply what works for institutions.

It also means co-designing what neighbourhood working truly looks like in each context, and moving beyond short-term fixes toward long-term, place-based partnerships that embed prevention, inclusion, and measurable impact.

If systems fail to invest now, the shift to neighbourhood health will remain rhetoric without reality. Fragmentation will deepen, inequalities will widen, and public trust in integration will erode, undermining the very goals of reform.

The risk of inaction

Integrated Neighbourhood Working represents a critical turning point. Without clear and coordinated action now, the system risks losing the momentum, trust, and learning built over recent years. Without sustained investment and reform, Integrated Neighbourhood Working will remain rhetoric. Communities will disengage, inequalities will deepen, and the system will lose the local intelligence it needs to deliver effective, preventative care.

System-level risks

If neighbourhood working continues without investment in community infrastructure, integration will remain superficial, limited to structures, not relationships. Systems will default to fragmented service delivery, duplication, and rising demand for acute care.

Community-level risks

The cost of inaction is felt most by communities. Small, trusted VCSE organisations, the bridge between services and people, will disappear from local partnerships. Residents will continue to face inconsistent access to support, growing inequalities, and fewer opportunities to shape the services that affect their lives.

Reputational and policy risk

Failing to act would undermine the credibility of national commitments to prevention and community power. Neighbourhood health could become another missed opportunity, a policy ambition that never translates into better outcomes for people and places.

What needs to happen next?

Realising the potential of integrated neighbourhood working requires clarity of purpose, shared leadership, and meaningful investment in community infrastructure. It offers a major opportunity to transform how health and care systems work with communities. But for this approach to succeed, national and local systems must take targeted action across commissioning, engagement, governance, and funding.

This section sets out practical, evidence-based priorities drawn from local infrastructure organisations (LIOs) and ICS-VCSE Alliances, and is built on the research and reports listed in the references. Each recommendation includes policy implications to guide system and national partners.

Build a shared local understanding of integrated neighbourhood working

<table>
<tr><th>Why it matters</th><th>Policy implications</th></tr>
<tr><td rowspan="3">While local variation is expected, and often necessary, partners across health, local government, and the VCSE sector often interpret the concept of 'neighbourhood' differently. A lack of shared understanding at place and neighbourhood level, including around local programmes and geographical boundaries, creates confusion and weakens coordination. A shared local definition, co-designed with communities, builds alignment, strengthens partnerships, and improves use of resources, ensuring that neighbourhood working delivers meaningful, people-centred change rather than another coordination model.</td><td>Local systems must ensure staff across health, local government, and the VCSE sector have a common understanding of what integrated working means in their area.</td></tr>
<tr><td>This includes not only Integrated Neighbourhood Teams (INTs) and Neighbourhood Health Centres (NHC) but also other local workstreams to integrated working.</td></tr>
<tr><td>Clarity at the frontline will improve collaboration, reduce duplication, and help partners work toward shared outcomes.</td></tr>
</table>

2 Set out a roadmap for VCSE involvement

<table>
<tr><th>Why it matters</th><th>Policy implications</th></tr>
<tr><td rowspan="3">Local VCSE organisations are essential partners in neighbourhood delivery, yet their roles and routes to influence remain unclear in many areas. Without clear expectations or structures for engagement, involvement is inconsistent and often dependent on individual relationships. Setting out a shared roadmap for local VCSE involvement—across neighbourhood, place, and system levels—will create transparency, strengthen collaboration, and ensure communities have a meaningful voice in shaping priorities around prevention, inclusion, and reducing health inequalities. This clarity is fundamental to ensuring neighbourhood working delivers better outcomes for people and communities, not just better coordination between services.</td><td>A clear roadmap is needed to embed local VCSE partners in the design, delivery, and governance of integrated neighbourhood health models. This should include defined roles alongside primary care, across council footprints and on Health and Wellbeing Boards, and at system and regional level.</td></tr>
<tr><td>Local infrastructure organisations (LIOs) should be supported to lead engagement of the local VCSE sector at place level, providing a more efficient route to identify and involve VCSE partners across multiple health neighbourhoods, particularly as many work across neighbourhood boundaries.</td></tr>
<tr><td>Support must ensure fair representation and influence for the full diversity of the sector.</td></tr>
</table>

3 Improve communication and engagement with LIOs and ICS-VCSE Alliances

<table>
<tr><th>Why it matters</th><th>Policy implications</th></tr>
<tr><td rowspan="2">Effective neighbourhood working depends on strong relationships between systems, local infrastructure, and the VCSE sector, because these partnerships are how people and communities are heard, involved, and supported. LIOs connect systems to the realities of community life through their networks of local organisations, while ICS-VCSE Alliances provide the strategic bridge that ensures those insights shape decision-making. When communication breaks down, the link between policy and people is lost, weakening co-design, trust, and the delivery of better outcomes for communities.</td><td>Systems should invest in consistent, two-way communication with both LIOs and ICS-VCSE Alliances.

LIOs convene local and hyper-local VCSE organisations and Health and Wellbeing Boards, while Alliances connect these networks with Integrated Care Systems.</td></tr>
<tr><td>Engagement should be structured, continuous, and built on trust and reciprocity, not limited to transactional consultations. Clear feedback loops and shared planning forums will help align local intelligence with system priorities and strengthen accountability on all sides.</td></tr>
</table>

4 Multi-year, flexible funding for local VCSE involvement and infrastructure

<table>
<tr><th>Why it matters</th><th>Policy implications</th></tr>
<tr><td rowspan="3">Annual funding cycles destabilise community-led provision and limit long-term impact. Short-term grants and delays in payments undermine trust, continuity, and the ability to plan ahead. Many VCSE organisations deliver services on verbal assurances while waiting for formal agreements, creating financial risk and uncertainty.

This challenge affects both frontline VCSE organisations and the local infrastructure and system Alliances that connect them to health systems. Without sustainable investment in infrastructure, coordination, intelligence-sharing, and partnership development all suffer.

Multi-year, flexible funding enables stability, innovation, and stronger partnerships—ensuring neighbourhood working supports prevention, inclusion, and sustained community engagement, rather than short-term, stop-start activity.</td><td>Systems should pilot multi-year, flexible funding models that include both VCSE delivery partners and local infrastructure organisations (LIOs) as core components of integrated neighbourhood working.</td></tr>
<tr><td>Longer-term funding enables continuity, innovation, and deepened partnerships.</td></tr>
<tr><td>Stability improves outcomes and reduces inefficiencies caused by stop-start investment.</td></tr>
</table>

5 Align health reform with local economic development

Why it matters	Policy implications
Neighbourhood working has the potential to drive inclusive economic growth and community wealth building by strengthening the social and economic foundations of local places. The VCSE sector contributes to local employment, skills, and enterprise, while improving health outcomes through prevention and participation. Aligning health reform with local economic development ensures investment benefits both people and place, tackling the root causes of poor health, reducing inequalities, and creating more resilient, thriving communities.	ICS strategies should align health and care with wider place-based economic development.
	VCSE delivery contributes to local job creation, social capital, and resilience.
	Integration at this level can address root causes of ill health and inequality more sustainably.

6 Recognise LIOs and ICS-VCSE Alliances as strategic leaders in prevention

Why it matters	Policy implications
Local infrastructure organisations and ICS-VCSE Alliances are uniquely positioned to lead system-wide approaches to prevention and early intervention, connecting statutory services with trusted, community-based support. Their networks reach deep into communities, mobilising local assets, volunteers, and lived experience to identify need early and reduce pressure on acute services. Recognising and resourcing these roles enables more coordinated, inclusive, and preventative neighbourhood models, turning policy ambition on health creation into practical, sustainable action. This approach also aligns with the National Procurement Policy Statement, which places clear responsibilities on public bodies to increase the inclusion of SMEs and VCSEs in commissioning and supply chains, ensuring prevention is delivered by those closest to communities.	Systems should invest in LIOs and Alliances as key partners in developing and coordinating preventative approaches at neighbourhood and place level. Their networks and relationships across hundreds of local VCSE organisations enable them to mobilise early help, respond to emerging needs, and support inclusive access. Recognising their leadership role strengthens system capacity, improves reach, and builds long-term community resilience.

7 Reform commissioning to enable equitable access

Why it matters	Policy implications
Current commissioning processes often exclude smaller VCSE providers, despite their reach, trust, and relevance within communities. Complex procurement frameworks and disproportionate requirements create barriers for organisations best placed to deliver local, preventative support. This limits diversity, innovation, and community connection in service delivery. More proportionate, flexible approaches; including grants and collaborative models, are needed to enable smaller organisations to contribute fully to neighbourhood health and reduce reliance on large, centralised providers.	Commissioning should be reformed to reduce barriers for smaller, community-based organisations.
	Flexible, proportionate models (e.g. small grants, collaborative bids) must be normalised.
	Equitable access will strengthen the diversity, innovation, and reach of neighbourhood services.

8 Invest in shared and integrated intelligence systems

Why it matters	Policy implications
Neighbourhood working depends on a shared understanding of local needs, assets, and outcomes, yet data is often held in silos across NHS, local government, and VCSE partners. This fragmentation prevents a full picture of what's working, where inequalities persist, and how community assets contribute to population health. Investing in interoperable, shared systems that enable secure and proportionate two-way data flow builds transparency, accountability, and trust. When community-held insight is combined with clinical and system intelligence, decisions become better informed, more equitable, and grounded in real neighbourhood contexts. As Integrated Care Boards (ICBs) take forward the development of integrated intelligence functions under the Strategic Commissioning Framework, it is vital that community-level data flows up to inform strategic planning, commissioning, and review cycles. Without this vertical link between neighbourhood insight and system decision-making, population health approaches risk remaining top-down and disconnected from lived experience.	Invest in shared systems that enable two-way data flows between statutory services and VCSE partners, ensuring community insight informs both local delivery and system planning.
	Treat community-held intelligence as a core dataset alongside clinical and operational data.
	Ensure interoperability between neighbourhood, place, and system-level intelligence functions so that insights can inform Health and Wellbeing Board Neighbourhood Plans and ICB strategic commissioning.
	Strengthen data equity and governance mechanisms to improve transparency, accountability, and the co-production of solutions.

Policy recommendations at a glance

1. Build a shared local understanding of integrated neighbourhood working
2. Set out a roadmap for VCSE involvement
3. Improve communication and engagement with LIOs and ICS-VCSE Alliances
4. Multi-year, flexible funding for local VCSE involvement and infrastructure
5. Align health reform with local economic development
6. Recognise LIOs and ICS-VCSE Alliances as strategic leaders in prevention
7. Reform commissioning to enable equitable access
8. Invest in shared and integrated intelligence systems

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Where is it working, and how?

Here, we look at three examples from the NAVCA network that highlight how commissioning reform can enable or hinder integrated neighbourhood working. These stories demonstrate the need for flexible, proportionate, and inclusive approaches at the neighbourhood, place, and system levels.

BNSSG VCSE Brokerage Framework: A Roadmap for Inclusive VCSE Involvement

The BNSSG VCSE Brokerage Framework is a system-led initiative developed by the VCSE Alliance in Bristol, North Somerset, and South Gloucestershire to embed local VCSE organisations more effectively in health and care delivery. Funded by the ICB, the Framework offers a structured, transparent route for engaging the sector in commissioning, collaboration, and system transformation, particularly at neighbourhood and place levels.

Responding to the call for a clearer roadmap for VCSE involvement, the Framework defines how organisations can register, apply for funding, and co-produce services. It simplifies processes for smaller providers by offering proportionate due diligence and flexible procurement models. By explicitly designing for accessibility, the Framework reduces the risk of excluding hyper-local groups and enables more diverse contributions to Integrated Neighbourhood Teams (INTs) and other care pathways.

Local infrastructure organisations (LIOs), as members of the VCSE Alliance, play a key role in convening local providers and brokering relationships with statutory partners. This model supports more efficient engagement across multiple PCNs and neighbourhoods, recognising that many VCSE groups work across boundaries. It strengthens two-way communication, allowing for a more coordinated, ongoing partnership between health systems and the community sector.

In its pilot phase, the Framework is supporting delivery of services around mental health and wellbeing. A learning review will shape future iterations, but early feedback highlights its value in improving access, transparency, and equity across the system.

The BNSSG model provides a practical example of how ICSs can implement national policy priorities by embedding the VCSE sector as a core partner in neighbourhood working, backed by structure, collaboration, and shared ambition.

Find out more here.

Operating model challenges and the role of community intelligence

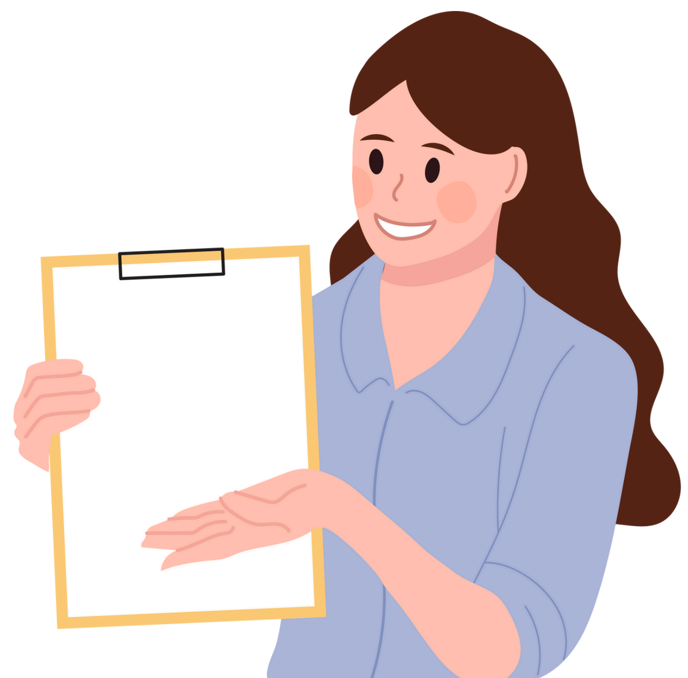
In North West London, a bi-borough ICS-VCSE Alliance described challenges around conflicting scales of neighbourhood working. While the NHS prefers borough-wide models (often influenced by large GP federations), the VCSE sector stressed that community identity is often hyper-local or tied to shared experience, not geography.

The Alliance is developing a community intelligence workstream to complement system-level data, aiming to embed insight from marginalised groups directly into decision-making. However, they noted that VCSE input is often limited to delivery, not upstream design, and that the lack of national operating guidance leads to misaligned priorities and processes.

"We support data-led planning, but also see that applying community intelligence is as important as system-level data."

Implications

Commissioning must shift from being a transactional process to one that recognises the VCSE as a strategic partner, embedding lived experience and local knowledge at all stages of the commissioning cycle.



Case study: Volunteer Cornwall's Community Hubs – community-led integration in action

Volunteer Cornwall's Community Hubs are a leading example of community-led innovation driving integrated neighbourhood working. Developed from the ground up by local partners and volunteers, the hubs were established to offer residents accessible, non-clinical support around health, wellbeing, and social connection.

Operating across Cornwall, the hubs respond to local priorities, providing everything from warm spaces and befriending to advice on housing, benefits, and long-term conditions. While originally grassroots-led, their effectiveness in reducing pressure on public services caught the attention of statutory partners. This led to long-term investment from NHS Cornwall & Isles of Scilly ICB, enabling the hubs to expand and strengthen their offer while retaining their community-led ethos.

The hubs offer a clear structure for embedding VCSE organisations in neighbourhood delivery. Their evolution, from locally driven prototypes to a system-recognised model demonstrates the value of investing in existing community infrastructure. Their approach aligns closely with Integrated Neighbourhood Teams (INTs), acting as trusted, hyper-local touchpoints for preventative and wraparound support.

Local infrastructure organisations play a central role in coordinating the hubs, ensuring two-way communication between statutory systems and grassroots VCSE groups. This strengthens community voice, supports collective action, and enables more responsive system design.

Impact (between November 2022 and March 2023:)

- 50% of hub users said they would have accessed healthcare if the hub hadn't been available (38% named their GP).
- Self-reported confidence in managing health rose from 59% to 76%.
- 93% of users reported improved mood; 88% felt less lonely; and 85% had improved self-esteem.

Volunteer Cornwall's Community Hubs show what's possible when community-led approaches are recognised, resourced, and scaled. They provide a compelling model for ICSs seeking to invest in neighbourhood working that is genuinely co-owned with communities. Find out more here.

References

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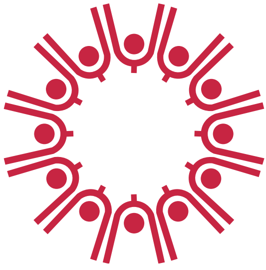

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