



NHS Confederation & Local Trust

**Literature Review:  
Neighbourhood Working**

v4.0: August 2024

# Neighbourhood Working Literature Review

## Purpose

- This rapid literature review is the first stage of a wider research project on neighbourhood working, undertaken by [PPL](#) on behalf of the [NHS Confederation](#) and [Local Trust](#).
- The review is intended to summarise the available literature and to establish an understanding of the existing landscape and evidence base in this space.
- Through examining learning and case studies from the UK and internationally, this document provides insight into current published literature and findings on neighbourhood working, including the questions in relation to health and wellbeing of what works, and how.

## Next steps

- The review complements primary research to develop case studies around neighbourhood working in England (INSERT LINK), covering key drivers, enablers and barriers.
- The combined outputs help to build the wider case for change and specific recommendations on next steps to support the spread and scaling of neighbourhood working (INSERT LINK).

**Neighbourhood Working describes a way of working where neighbourhoods – often self-defined and often hyper-local – and statutory services, work together to improve the health and wellbeing of their population.**

Neighbourhood working involves statutory and non-statutory stakeholders bringing their assets, capability, capacity and experience to a common goal. The exact membership of any neighbourhood working example may vary according to the scope and maturity of the work.

A spectrum exists of community led interventions and service led interventions and there are strong examples of each. neighbourhood working exists in the middle of this spectrum, harnessing the benefits of both ends of this spectrum to improve health and wellbeing. Neighbourhood working can be a key component of, and provide valuable support to, integrated neighbourhood teams.



*Community led interventions*

**Neighbourhood Working**

*Service led interventions*

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# Executive Summary

**Communities across England face severe social, economic and health challenges and inequalities.** These negatively impact on wellbeing and we have seen evidence of that decline over the last decade. Where communities themselves come together to work with voluntary and statutory services in purposeful and joined up ways, there is the potential to create new and more effective solutions than is possible through the actions of individual organisations. For healthcare, this is particularly important because the causes of ill-health are often outside of the direct influence of our health system. Medical interventions are not a good response to many of the conditions our health system is asked to resolve, but they may be all that is available without help from wider partners.

**In this respect, several key lessons emerge from this literature review, including:**

- **Geography matters:** these models are based around neighbourhoods that are meaningful to the people in them or have some coherent identity. These can be self-defined and may not map onto statutory boundaries.
- **Listening to people:** understanding the problems and the solutions that are needed through carefully listening to the community, rather than just to professionals, managers or individual representatives, is vital. Data and insights from the statutory sector are helpful, but this is not a substitute for continuing dialogue with community members themselves.
- **Bringing together all the stakeholders:** some models are not integrated in a formal sense but are made up of organisations and stakeholders with a shared purpose and a shared working model. Coordination and reduced fragmentation can be achieved through this and through developing everyone's understanding of the assets available in the community and roles in working with these.
- **Building on neighbourhood infrastructure:** there are clear benefits from having access to a location or facilities to act as a focus for the work, but neighbourhood infrastructure also encompasses the relationships, informal groups and shared passions in a community. Good governance, professional management and coordination makes a difference but there is a very distinct style of facilitative management required to be successful.
- **Investing time:** developing a partnership way of working between neighbourhoods and other organisations, developing trust, learning to work together and establishing the other factors that result in success take time and patience. This also means that funding arrangements need a component that is stable and longer term.
- **Measure impact:** this is a consistent challenge, especially when addressing wider determinants or health. Continuous evaluation and learning often using qualitative information is needed to establish the effectiveness of different models of neighbourhood working.

Notwithstanding these lessons, there are significant barriers to be overcome and there is a particular challenge for those communities that have high deprivation and poor social infrastructure, cohesion or social capital. We must acknowledge these barriers, and have a plan to resolve them, to maximise the impact on wellbeing and ensure the benefits of health creation can be achieved and enjoyed by all.



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# 1. Introduction

# Context

**Since the establishment of the NHS in 1948, health and social care in England have operated as separate systems with different funding, governance and models of delivery, at both a national and local level.** The NHS is under immense pressure, with long waiting lists for elective care, increased emergency response times and strikes, even while real health spending has risen considerably since 1955–56. In parallel, the cost of social care is taking up an increasing percentage of reducing local government budgets, whilst public health expenditure has reduced by over 10% in the last decade from 2013/14 to 2023/24<sup>1</sup>.

**Since 2011, improvements in life expectancy in England have slowed, time spent in poor health is increasing, and health inequalities have widened<sup>2</sup>.** Our health is in decline, and the imperative to mobilise all available assets, including those not traditionally associated with the healthcare system such as wider civil society, housing services, and employment services to resolve this issue is both compelling and urgent.

**As demands have grown, including from an ageing population with increasing long-term and complex needs, so has the priority of developing better integrated person and community centred care.** There is a need for neighbourhood working to create the conditions for a healthier population, both to reduce system pressures but also as an imperative in itself to improve the health of the population through health creation that reaches beyond the traditional boundaries of health and social care and addresses wider determinants of health.

**This literature review highlights an increased focus on the role of individuals and communities in health creation,** as evidenced by over 250 potential sources identified including the work of hyper-local groups during the COVID-19 pandemic; and the recognition that addressing persistent health inequalities requires new forms of community engagement and activation. A working thesis underpinning this research is nonetheless that whilst there are numerous examples of impactful community-led and statutory-led interventions, to scale impact in a sustainable way and achieve the required level of impact, there is a need to bring together the assets, capabilities, capacity and experience of both.

**Research by the Local Government Association (2021)** has highlighted how working differently with communities can have significant impacts on people's health and wellbeing, including • supporting people to remain independent for longer in their own homes • increasing the available capacity of services and support • making it easier for people to find support and participate in their communities • helping people to manage their own conditions, for example through peer support, digital solutions and assistive technology • preventing escalation of need by helping people who need support to stay independent but do not meet statutory eligibility requirements and • by bringing a wider range of partners more fully into health and care integration including housing, primary care and the VCSE sector.

**Source:** [Achieving integrated care through community and neighbourhood working \(local.gov.uk\)](#)

<sup>1</sup> Source: [Spending on public health | The King's Fund \(kingsfund.org.uk\)](#)

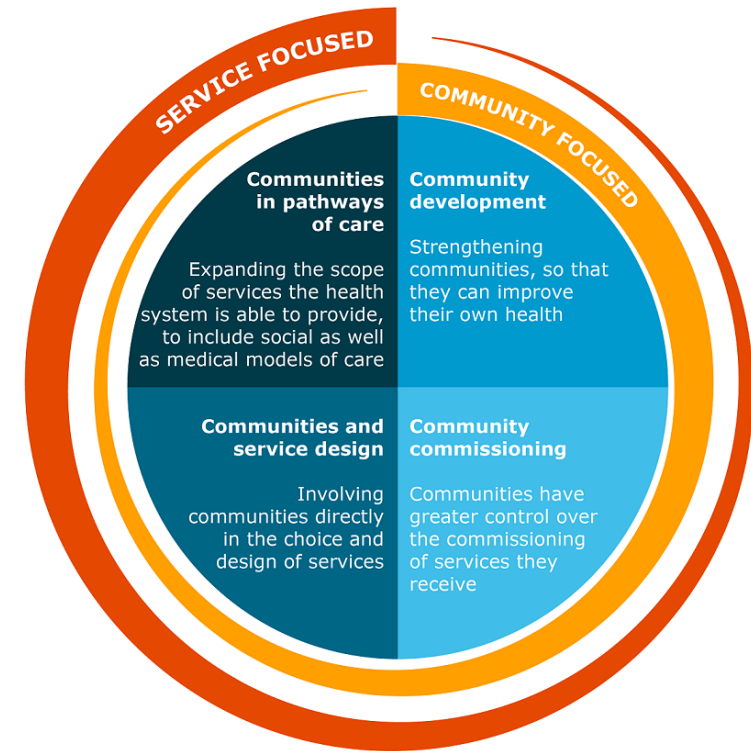
<sup>2</sup> Source: [Health Equity in England: The Marmot Review 10 Years On - The Health Foundation](#)

# Definitions

**Core to this research project is developing an understanding of the different interpretations of integration and neighbourhood, in relation to transforming health and wellbeing, and how they are being applied in practice.**

The starting point for this review has been to take broad definitions, which nonetheless allow for a focus on likely sources of evidence and data. In this context

- **Neighbourhood working describes joint working at a local or hyper-local level**, focussed on producing a positive impact on the physical and / or mental health and wellbeing of people living within that area or community.
- **There is no single definition of neighbourhood**, which has extended from a single row of residences up to 50,000 people, but uniting these definitions is the concept of neighbourhood working as a focus on a defined community or set of communities which are geographically related. Ultimately, it is people who define neighbourhoods, and neighbourhood working should welcome people identifying with a neighbourhood that they recognise as their own as part of the process
- **Integration similarly ranges** from co-ordination around a specific set of individuals and needs, to a fully joined-up multi-disciplinary team, but for the purposes of this research the focus has been on identifying how communities, community groups and statutory services are working together towards shared objectives and aims, and how they are achieving this in practice.
- **Neighbourhood working** is therefore broader than, but can encompass, the development of Integrated Neighbourhood Teams (INTs). INTs have been an NHS Priority since the publication of the Fuller Stocktake in 2022, which focussed specifically on the future of integrated primary care but contained implications for wider health and care systems and was endorsed by all 42 Integrated Care Board Chief Executives in England.



*The King's Fund publication "Communities and Health" (2021) is an example of a model which describes characteristics of integration based upon increasing community involvement, including in the co-design of services and in co-delivery of outcomes*

**Source:** [Communities And Health | The King's Fund \(kingsfund.org.uk\)](https://kingsfund.org.uk)



# Key Lines of Enquiry

The following Key Lines of Enquiry (KLOEs) were adapted for the literature review working with the NHS Confederation and Local Trust, and building on their networks' experiences from both statutory and community perspective.

## How are we defining "Community"?

- "Community" has been defined in multiple different ways in different contexts, defining communities by population, geography or other characteristics cannot be consistently applied. Defining the community to be served is a bespoke and foundational element of neighbourhood working activity ([slide 7](#))

## What are the levels of community engagement?

- neighbourhood working initiatives vary in the extent to which they are community led or statutory led. Effective examples involve harnessing the benefits both stakeholders can bring ([slide 2](#))

## What are the different models of leadership?

- Models of leadership vary widely, and the roles of statutory or non-statutory bodies in governance structures are diverse. Successful models involve shared agency between neighbourhoods and statutory services ([slide 12](#))

## Is there an explicit methodology driving neighbourhood working?

- Explicit methodologies such as ABCD or C2 exist in neighbourhood working and are in use in many contexts. Many examples do not follow a single methodology but borrow from aspects of multiple methodologies to suit their specific needs ([slide 12](#))

## What is the scope of identified models?

- Examples often hold a set of priorities or areas of focus defined by the neighbourhoods themselves. Within these priorities exists flexibility to build on neighbourhood opportunities and strengths ([slide 11](#))

## Who are the participants and how are they connected?

- Depending on the model, maturity, and scope of the work, multiple partners can be involved in different roles either formally through governance structures or as partners in delivering specific activities ([slide 13](#))

## What are the governance models?

- Many examples include a Board structure. Statutory organisations have embedded some models into their broader governance structures ([slide 16](#))

## How is impact measured?

- Impact measurement can be a challenge, especially where wider determinants of health are being addressed, nonetheless, compelling examples of impact do exist such as the Nuka model of healthcare and other examples referenced in the examples section of this report ([slide 25](#))

## How resilient are the models?

- Resilience and sustainability of models will be a key focus of the research phase of this work, key emerging contributors to resilience are sustainable funding arrangements, strong governance structures, demonstration of impact and sustainable ties between partners in the work ([slide 16](#))

## How reliant are the models on local factors?

- Understanding local factors of a neighbourhood is the foundation for effective working, however examples of models that have worked successfully in diverse geographies, such as Community Health and Wellbeing Workers, are available, underscoring the applicability of successful models outside of their original neighbourhoods ([slide 26](#))



# Developing this report

The review was undertaken during June and July 2024. It included:

## Library Search

Library search yielding 250+ documents and identification of sources from experts in neighbourhood working. This was facilitated by the Birmingham University Library.

01

## Stratification

Identification of the 38 highest priority sources that added to the knowledge of neighbourhood working and best addressed the project Key Lines of Enquiry.

02

## Review

Review of the selected sources to establish contributions to the project Key Lines of Enquiry and gather themes from across the available literature.

03

## Finalisation

The outputs from literature review were summarised into this report, the report builds our understanding whilst forming the foundation for the upcoming research phase of the project.

04



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## 2. Approaches

# Core objectives

**Neighbourhood working seeks to respond to some of the most significant social, economic and health challenges facing our communities by supporting them in addressing these and in particular the twin aims of improving population health and reducing health inequality.**

Many of the problems facing communities are not solvable through medical interventions alone, but commonly manifest in visits to the GP, A&E and long waiting lists for care. The examples of neighbourhood working identified in this review have the potential to support enhanced prevention, reduction in utilisation of healthcare services and improvements in the health of communities, but there is a common thread of challenges and barriers around sustaining and scaling. The key drivers for change include:

- **Improving quality of life through addressing wider determinates of health and developing social capital:** Social capital is the connections, attitudes and behaviours that form strong communities, it is an important wider determinant of health, for example, research shows that social isolation significantly increases the risk of premature death from all causes, equivalent to the risks from smoking, obesity, and physical inactivity<sup>1</sup>. Neighbourhood working provides an opportunity to leverage and strengthen social capital to unlock the power of communities to transform both health and wellbeing.
- **Reducing system pressures and costs:** clinical treatment and access represents an estimated 25% of the determinants of population health but the majority of the £239 billion of UK government financed expenditure on healthcare identified by the ONS in 2023<sup>2</sup>, as defined by internationally standardised definitions (ONS 2024). A number of the identified examples focus on the wider determinants of health and wellbeing, within different community settings, often delivered for relatively small investments and directly harnessing community and individual assets in driving health improvement.
- **Addressing inequality:** Inequalities were estimated to cost the NHS alone £4.8 billion a year in 2011/2012<sup>3</sup>. Neighbourhood working provides an opportunity to target these inequalities by working with communities themselves, including in areas with high levels of deprivation, but a strong embedded culture of mutual aid and support
- **Preventing poor health outcomes:** £7 out of every £10 of health and care spending in England is spent on long term conditions, whilst expenditure on public health has dropped over last decade<sup>4</sup>. Neighbourhood working highlights the need opportunities around primary prevention, including enhancing community resilience, as well as secondary and tertiary prevention in supporting those already experiencing mental and physical health conditions to stay independent and well.

<sup>1</sup> Source: [Advancing social connection as a public health priority in the United States - PubMed \(nih.gov\)](#)

<sup>2</sup> Source: [Healthcare expenditure, UK Health Accounts - Office for National Statistics \(ons.gov.uk\)](#)

<sup>3</sup> Source: [The costs of inequality: whole-population modelling study of lifetime inpatient hospital costs in the English National Health Service by level of neighbourhood deprivation | Journal of Epidemiology & Community Health \(bmj.com\)](#)

<sup>4</sup> Source: [Achieving integrated care through community and neighbourhood working \(local.gov.uk\)](#)

Of the models and approaches identified, many drew from one or more of the models described below:

## **Asset-Based Community Development (ABCD)**

Building on community strengths and resources, ABCD involves identifying the assets a neighbourhood or community currently has and mobilising these assets to promote better health outcomes.

[Example: Final approved Report May 2018 \(nurtureddevelopment.org\)](#)

## **C2**

A community empowerment model developed in the UK. It focuses on creating strong, sustainable partnerships between residents and local service providers to address complex social issues.

[Example: From Isolation to Transformation with C22.pdf \(c2connectingcommunities.co.uk\)](#)

## **Local Area Coordination (LAC)**

LAC is a 'strengths-based' approach (building on what's strong in people's lives and communities). Local Area Coordinators are based in communities and are recruited together with the input of local people, they proactively meet with individual citizens and whole families in their neighbourhoods, building trust and connection with people over time.

[Example: Combatting loneliness in York | NHS Confederation](#)

## **Community Hubs**

Central points of access for co-located services and support. Hubs could be located in existing healthcare infrastructure or other locations such as schools or local business sites.

[Example: community-hubs-green-space-April2021.pdf \(whatworkswellbeing.org\)](#)

## **Whole Systems Approaches**

An approach which uses systems thinking and tools to tackle complex problems with multiple drivers such as promoting healthy weight. It involves a very broad set of stakeholders working together to solve complex issues.

[Example: Whole systems approach to obesity - GOV.UK \(www.gov.uk\)](#)

## **Personalised management model**

Aimed at providing personalised care by assigning case managers to coordinate services for specific individuals. In the case management model, multiple services, both statutory and non-statutory, are co-ordinated by a given case manager to resolve issues for the individual they are working with.

[Example: The Plymouth Alliance](#)

## **Primary Care led models**

Multiple models exist that are led by primary care and many integrated neighbourhood teams are primarily led by primary care. The extent to which these are integrated with community services varies.

[Example: NHS England » Case study: Derbyshire Integrated Neighbourhood Team reduces ambulance call outs and hospital stays](#)

## **Social prescribing**

Referral of residents to a range of local, non-clinical services which could be statutory or community led activities.

[Example: Social Prescribing | Burton Albion Community Trust](#)

[Example: Arts on prescription: observed changes in anxiety, depression, and well-being across referral cycles - ScienceDirect](#)

# Participants

Participants vary depending on the specific issue being addressed as well as the maturity of the work. Where possible, the review focussed on examples which successfully brought together individuals and communities within a wider partnership to deliver shared outcomes.

- Neighbourhood working focuses on bringing people together to achieve outcomes which would not be possible through the efforts of one group alone.
- A common intention is to support neighbourhoods to improve health and wellbeing around a specific set of interventions and goals, whilst empowering people to continue sustain and build upon this progress in the future.
- Whilst neighbourhood working often requires some form of “catalyst” funding, this investment has potential benefits for all participants which can be expressed in financial and non-financial terms. This includes improved population health and reduced need for high acuity health and care services.



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## 3. Summary of evidence

# What are the key enablers?

- **Understanding community assets:** Effective examples of neighbourhood working often involve a period of neighbourhood introspection, discussion and definition of the neighbourhood needs, as well as uncovering and tapping into local assets. This is vital to ensure a shared understanding between partners of where to build from, and what the local needs are and helps to build the foundations for working together to co-design and deliver solutions that address these local needs<sup>1,2</sup>.
- **Community ownership and building confidence:** Through being active participants in neighbourhood working, neighbourhoods can build confidence and a belief in their own power as stewards of neighbourhood health. Successful neighbourhood working, with ownership and responsibility in neighbourhoods themselves, is likely to lead to increased confidence, and a virtuous cycle of greater successes and further confidence. This can only be achieved through community ownership and responsibility<sup>3</sup>.
- **Organisational culture, attitudes and mindset:**<sup>1</sup> The success of integrated working is dependent on the ability of the partners to work together. This can be enabled by a high level of buy-in from the partners involved as well as the capability, capacity and motivation to work together, modelled by leaders from across the area<sup>4</sup>.
- **Training and upskilling:** Training and upskilling linked to confidence building as an enabler and encompassed the expertise and experience to deliver neighbourhood initiatives. Local people trained in various aspects of neighbourhood working delivery are a resource that the neighbourhood can draw on around both specific initiatives and to sustain progress and development work over time<sup>4</sup>.
- **Volunteers:** Voluntary participation has proved vital to the establishment of neighbourhood-led initiatives<sup>5</sup>. Volunteers are an enabler of neighbourhood working but the neighbourhoods who might benefit may be ones in which many people have limited time and multiple commitments. Volunteering nonetheless is recognised as a way in which local statutory services can engage beyond traditional boundaries.
- **Funding:** Adequate and sustainable funding provides the resources and the licence to achieve change in neighbourhoods<sup>6</sup>. This is a key enabler, and requires commissioners to trust in the long-term future of these models if they are to form long-term partnerships and deliver long-term benefits. Devolving budgets can be challenging, for example, spend in some Big Local areas was initially slow due to indecision on how to best utilise the funding available.

<sup>1</sup> Source: [AssetBasedCommunityDevelopmentAReviewOfCurrentEvidencePV-SOUTH.pdf \(leedsbeckett.ac.uk\)](#)

<sup>2</sup> Source: [BIRU-Final-Report\\_v2.0\\_Jan24.pdf \(borninbradford.nhs.uk\)](#)

<sup>3</sup> Source: [CiC Summary #1 Collective Control final.pub \(communitiesincontrol.uk\)](#)

<sup>4</sup> Source: [A-Community-Powered-NHS.pdf \(newlocal.org.uk\)](#)

<sup>5</sup> Source: [Volunteering In General Practice | The King's Fund \(kingsfund.org.uk\)](#)

<sup>6</sup> Sources: [CiC Summary #2 Money final.pub \(communitiesincontrol.uk\)](#)



# What makes for sustainability and resilience?

- **Equal partnerships and relationship building:** Working with communities as an equal partner, rather than a stakeholder to be managed, was highlighted as leading to better outcomes. Building this relationship takes both time and resources but such strong ties were a key driver for sustainability and resilience of related integrated neighbourhood schemes. Relationships are vital for the co-design and co-delivery of interventions themselves<sup>1,2</sup> and to provide a basis for attracting further funding and responsibility can be devolved in the long term.
- **Long term and flexible funding** – Flexibility of funding allows for interventions to adapt to the specific priorities of a neighbourhood, especially as these priorities might change over time, ensuring support meets local needs rather than being restricted to a pre-determined issue. Long-term funding allows for activities to be undertaken and capacity in a neighbourhood to be built across time so that change can be sustained<sup>3</sup>. Conversely, short term or inflexible funding can be less effective as capacity building over time is not supported, activity may not match current local needs and short-term funds may result in previously valuable services being revoked which can damage relationships and confidence in neighbourhood working.
- **Effective governance:** Strong and shared governance was critical to reducing reliance on individuals whose ability to drive projects may vary over time. Many examples of community-led working struggle when key people driving the change were no longer present or able to sustain the same level of commitment. This underscores the need for responsibility and accountability to be distributed, increasing local resilience and managing the risk of fluctuating involvement and sponsorship over time.
- **Community infrastructure:**<sup>4</sup> The infrastructure to support neighbourhood working is an important factor in sustainability. As in the ABCD model, community assets were often the starting point for delivering change. A broader definition of community infrastructure is being examined in many areas, including the work to understand health and care organisations as anchor institutions<sup>5</sup> within communities.
- **Monitoring and evaluation:** Evidence of the impact was often critical to successful models<sup>6</sup>, including capacity to monitor and evaluate interventions to help shape delivery and plan for future activity. This included “test & learn” approaches to establish what works within a given community.

<sup>1</sup> Source: [VACCINE HESITANCY V5a amended title.pdf \(icstudies.org.uk\)](#)

<sup>2</sup> Source: [AssetBasedCommunityDevelopmentAReviewOfCurrentEvidencePV-SOUTH.pdf \(leedsbeckett.ac.uk\)](#)

<sup>3</sup> Source: [Well-Placed: The impact of Big Local on the health of communities - New Local](#)

<sup>4</sup> Source: [Places-spaces-people-wellbeing-full-report-MAY2018.pdf \(allcatsrgrey.org.uk\)](#)

<sup>5</sup> Source: [\[Report Title\] \(cles.org.uk\)](#)

<sup>6</sup> Source: [BIRU-Final-Report\\_v2.0\\_Jan24.pdf \(borninbradford.nhs.uk\)](#)

# What are the main barriers?

- **Lack of trust in statutory services:** Individuals, neighbourhoods and communities with poor experiences of statutory services or who feel “let down” by them can impact on the trust needed to underpin truly effective, integrated working<sup>1</sup>.
- **A lack of community infrastructure:** A lack of infrastructure, whether physical (e.g. meeting places) or social (e.g. availability of appropriately trained individuals to achieve specific goals) was identified as a barrier to progress. This is a particular concern as communities lacking in this infrastructure are often also the most deprived<sup>2</sup>.
- **Challenges in reaching consensus:**<sup>3</sup> Decision making can be a challenging process, as conflicting views on issues relating to improving the health and wellbeing of a neighbourhood or community can be varied and strongly held. Reaching a consensus on how to best work together, and where to focus efforts can therefore be a barrier, and in some instances can lead to enhanced tensions within communities.
- **Power dynamics between communities and statutory services:**<sup>4</sup> Neighbourhood working takes considerable effort from all parties involved and a willingness to engage with one another in new ways. It can be difficult for those working within regulated, statutory services with formal performance standards, structures and policies to adapt to the needs of local VCSE organisations and communities, and vice-versa.
- **Knowledge and awareness:** Service providers have an in-depth knowledge of their services, and it is important to acknowledge that this level of knowledge and awareness will not always be shared by others who are not involved in the service provision. Many people who are in need of particular services may have no knowledge that a service to help them exists<sup>1</sup>.
- **Stigma of accessing support:** Communities may experience stigma associated with accessing certain types of support<sup>1</sup> or engaging with partners in statutory services where there are historic low levels of trust.
- **Language and other socio-economic barriers:** Communities where English is not a first language can be excluded due to language barriers, and others may experience other forms of exclusion, including digital exclusion where this is part of the local integrated infrastructure. In highly diverse communities where multiple different languages are spoken this can make the challenges of working together in an integrated way even more complex<sup>1</sup>.
- **Information exchange:** Evidence suggests it remains highly challenging to share information and data between organisations, and that can be an even greater barrier when those involved in enabling work at a neighbourhood level are volunteers or working outside of formal organisational or statutory bodies<sup>5</sup>.

<sup>1</sup> Source: [20230209\\_Enfield\\_Community Powered Edmonton Report August 22 - Draft v0.31 \(2\) \(1\).pdf \(healthwatch.co.uk\)](#)

<sup>2</sup> Source: [“Focussing on doubly disadvantaged neighbourhoods” Joseph Rowntree Foundation \(2024\)](#)

<sup>3</sup> Source: [CiC Summary #1 Collective Control final.pub \(communitiesincontrol.uk\)](#)

<sup>4</sup> Source: [AssetBasedCommunityDevelopmentAReviewOfCurrentEvidencePV-SOUTH.pdf \(leedsbeckett.ac.uk\)](#)

<sup>5</sup> Source: [ALLIANCE-HOC-LearningReport-2016 \(1\).pdf](#)

# What is the role of community infrastructure?

**Many examples of neighbourhood working build from existing community infrastructure as a starting point, it can therefore act as a vital enabler or a barrier. Where it is a barrier, this can deepen healthcare inequalities across neighbourhoods**

- **Neighbourhood infrastructure:** Infrastructure refers to physical capital such as community centres, local businesses, green space and sports facilities<sup>1, 2</sup> as well as social capital such as the connections, relationships and shared interests within a neighbourhood or community<sup>3</sup>.
- **“Doubly disadvantaged” neighbourhoods:** this includes those with high levels of deprivation coupled with a depletion of neighbourhood infrastructure. The depletion of this neighbourhood infrastructure can itself be a result of many years of high levels of deprivation and decline, and contribute to neighbourhoods losing the social connections that bind it together.
- **Investment:** There is evidence to suggest that these “doubly disadvantaged” neighbourhoods are attracting less investment from public and charitable funds, further contributing to increased deprivation and reduced opportunities in that area and widening inequalities<sup>4</sup>. There is a strong case for investing in community infrastructure in these “doubly deprived” neighbourhoods, to, reverse the decline of this infrastructure, increase health and wellbeing and address healthcare inequalities across England.
- **Wider determinants:** This is a concern as many models of integration at a local level depend on the existence of community infrastructure to build from (such as ABCD) – with depleted infrastructure, this will be more difficult to establish and may result in neighbourhoods falling further behind in terms of economic, social and health prosperity<sup>4</sup>. This makes it less likely that examples of Neighbourhood Working will have established in these neighbourhoods to date and could also disadvantage those same neighbourhoods in future. Specific investment in these neighbourhoods is required to establish, or identify, the infrastructure to build from.

“Local authorities containing ‘left behind’ neighbourhoods receive less core government funding per household than the average across England. Charitable grant funding is also lower: ‘left behind’ neighbourhoods received £7.77 per head between 2004 and 2021, compared with an English average of £12.23. By contrast, other deprived areas that do have social infrastructure exceed that national figure, with an average of £19.31 in those places”

**Source:** [“Focussing on doubly disadvantaged neighbourhoods” Joseph Rowntree Foundation \(2024\)](#)

<sup>1</sup> Source: [CiC Summary #4 Spaces for participation final.pub \(communitiesincontrol.uk\)](#)

<sup>2</sup> Source: [WWW Review – Places Spaces \(whatworkswellbeing.org\)](#)

<sup>3</sup> Source: [Putnam on social capital – democratic or civic perspective • Institute for Social Capital \(socialcapitalresearch.com\)](#)

<sup>4</sup> Source: [“Focussing on doubly disadvantaged neighbourhoods” Joseph Rowntree Foundation \(2024\)](#)



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## 4. Lessons

# What are the emerging principles around enabling neighbourhood working?



## Take time to build trust between partners

Some communities may lack trust in public institutions or services. This trust must be built between partners and this may take considerable time to build



## Create safe, inclusive and accessible spaces for collaboration

Create safe, inclusive and accessible spaces where all can engage. This includes overcoming language, cultural and knowledge barriers



## Ensure roles are understood but be flexible to neighbourhood needs

Approaches should remain flexible to neighbourhood needs but clearly define the roles and responsibilities of partners. Defining these roles supports effective working and strong governance



## Monitor and report on progress to support future decision making

Monitoring and reporting on progress helps to establish what works and what doesn't in a particular neighbourhood. It allows partners to course correct and share learning



## See Neighbourhoods as a source of value in improving health outcomes

Seeing neighbourhoods as a source of value rather than a group of individuals to be treated. Empowering neighbourhoods to take charge of their health and wellbeing



## Listen, understand and prioritise community needs, strengths and assets

Co-design of solutions results in solutions tailored to a particular community, and must involve listening and understanding the needs, strengths and assets in any given community

# What are the steps to achieve neighbourhood working?

Whilst each neighbourhood will have different strengths, needs and characteristics, some generalisable steps to success include:

## Devolve responsibility

- The confidence to devolve responsibility and power to neighbourhoods is a vital step in neighbourhood working.
- The Big Local project is a clear example of how devolving responsibility to communities can lead to excellent outcomes.
- This may feel like a risk, but failing to empower neighbourhoods to build their health and wellbeing is a choice, and this is not sustainable in the UK if we want to see healthy and flourishing communities alongside statutory services that are equipped to serve their populations effectively.

## Integrate services

- Break down silos between statutory services and aim to create a network of services that work for a neighbourhood to support health creation.
- Work together across statutory and non-statutory boundaries in a true partnership which acknowledges and builds on the strengths of all involved.

## Expand provision

- Implement universal rather than means tested services, interventions and activities.
- This will increase participation and reduce the stigma associated with accessing means tested services and support.
- Expanded provision can support increased resilience of neighbourhoods as a whole, rather than creating a division in communities between those involved in the neighbourhood working and those who are not.

Source: [the-preventative-state.pdf \(demos.co.uk\)](#)

# What are the gaps in evidence and understanding?

**This review captures some of the evidence and knowledge on neighbourhood working, however there is more to be learnt both from published literature and emerging examples. This includes:**

- Many examples of neighbourhood working, and particularly those that operate at a hyper-local scale, are not documented or evaluated. Some of the most effective examples have also arisen organically within communities rather than through any documented source of funding, explicit methodology or broader group of interventions, this further reduces the likelihood of a searchable footprint being available in the literature or online. Only through primary research and engagement with related experiences and learning become accessible to other areas.
- A clear definition of what a neighbourhood is does not yet exist, and as such it tends to be defined in different ways by different individuals. Whilst there is unlikely to ever be a single definition, this can make it complex to compare experiences of working with communities which are often on very different scales and spatial levels.
- Examples which involve statutory services and / or which have a relationship to wider national or system policy goals and priorities are more likely to be recognised and recorded than those which are operating purely within an individual neighbourhood and community, built around a specific response to local needs. There is a need to agree outcome measures regardless of where these models “start” (within statutory or non-statutory organisations) to support comparability and the identification of effective approaches. These outcome measures could include measures of social capital.
- This literature review sets out several models and practical examples of neighbourhood working identified to-date. These help support conclusions on what works and what does not, however, the literature is not extensive enough yet to provide a basis yet for identifying what forms of integration are best suited to communities with given characteristics.
- Whilst there are identifiable attributes shared in common with many successfully established interventions and partnerships, the process of building local relationships and co-producing solutions is fundamental to the success of initiatives and will be strongly influenced by local personalities and conditions.

**Through the next phase of this work, involving direct engagement with local areas across England, this research will seek to test and complement the findings from the literature identified and reviewed to-date.**



NHS Confederation & Local Trust  
Literature Review: Neighbourhood Working

## 5. Examples

# The evidence base

The following case studies demonstrate some key learning from neighbourhood working from the UK and internationally:

- **5 case studies were selected** to highlight from the identified literature from across different geographies.
- Other examples of neighbourhood working are available within and outside of published literature.
- **However, each of these case studies demonstrates specific elements** of neighbourhood working and provides practical learning on how this could be scaled or adopted elsewhere.



# The Nuka system of Healthcare in Alaska

**The Nuka System of Care is an approach to health and wellness provided in Southcentral Alaska, USA which has transformed the relationships between residents and healthcare providers and reduced inequalities.**

## The model and the challenge

- Nuka is founded on a mutual partnership between the healthcare organisation Southcentral Foundation and the Alaska Native community. It was developed in the late 1990s, following legislation that allowed Alaska Native people to take greater control of their health services, recognising very poor outcomes amongst their community.
- Following a phase of active introspection, conversations and community analysis to determine how best to meet local people's needs, it is specifically designed to overcome the limitations of a purely medical model with paternalistic and hierarchical relationships between provider and patient. The community is not understood as patients or consumers, but as "customer-owners".

## What outcomes have been achieved?

- The Alaska Native population had previously been in the bottom 5th percentile in almost all health outcomes, and it is now in the 75th and 90th percentile in almost all health outcomes (US national HEDIS benchmarks).
- The community served has measurable low high-acuity utilisation, low emergency department and hospital use, low specialty care referrals and total costs to care well below the national average.
- The strong "customer-owner" relationship" proved invaluable during the Covid-19 pandemic. Key decisions relating to the vaccine rollout were carried out directly by the community, leading to high vaccine uptake rates.

## Key learning

- The potential to reduce long standing and deep healthcare inequalities.
- Building resilience to respond to health challenges such as COVID-19.

Source: [A-Community-Powered-NHS.pdf \(newlocal.org.uk\)](#)

Source: [Nuka System of Care \(scfnuka.com\)](#)



"I view Nuka as our true north. Nuka's focus on working with patients and communities to create and promote health in both mind and body serves as a model to us all. Nuka inspired the Center for Primary Care at Harvard Medical School to expand our own focus from health care to health."

*Russell Philips, Director of the Harvard Center for Primary Care*

# Community Health & Wellbeing Workers

**Community Health & Wellbeing Workers (CHWW) is a model of support well established in Brazil, adopted in England to provide a different way of responding to holistic health and care challenges and needs.**

## The model and the challenge

- The model was devised in Brazil and there are now over 250,000 CHWWs, making it the largest primary care system in the world.
- CHWWs aim to support the health and wellbeing holistically, through provision of advice, support and companionship whilst also signposting to statutory services and community initiatives where appropriate.
- The neighbourhood they focus on is typically around 200 households and CHWWs usually live within the neighbourhood themselves.

## What outcomes have been achieved?

- 7% drop in unscheduled GP visits in the first year.
- Increased vaccination and screening rates.

## Key learning

- Application of proven models to challenges in other areas
- Familiarity and relationships within neighbourhoods as a key success factor.

Source: <https://bjgp.org/content/74/740/122>

Source: [Putting Community Health Workers at the heart of primary care \(nihr.ac.uk\)](https://www.nihr.ac.uk/about/putting-community-health-workers-at-the-heart-of-primary-care)

“The key to the Brazilian model is that by the CHWWs knowing all their families really well, small household interventions at scale have led to a huge impact on the whole population. In Brazil they have seen a decline in cardiovascular disease mortality of 34% in areas that have full implementation of the Family Health Strategy.”

*Dr Matt Harris*

“When we come and knock on the door and sit with you, we see the whole person and the environment they live in. We become that bridge builder.”

*Comfort Idowu-Fearon,  
Community Health & Wellbeing Worker  
in Westminster*

# Combating Loneliness in York

**Community focussed support in York aimed to reduce loneliness and isolation and thereby the number of non-clinical GP visits for loneliness and isolation.**

## The model and the challenge

- The model uses a Local Area Coordination (LAC) Team and a practitioners forum. The work began engaging with residents on what a “good life” meant to them, and solutions were built from these conversations.
- Training of volunteers embedded in communities to signpost to activities, provide companionship and build a “mini action plan” centred around an individual's gifts and talents.
- LAC teams can accept referrals from multiple statutory services and respond quickly to approaches from individuals in a community who are struggling with a range of issues.

## What outcomes have been achieved?

- GP visits for non-clinical reasons in areas with LAC have reduced by one-third.
- Local area coordination (LAC) is recognised as having a £4 social return on investment for every £1 invested.
- LAC teams, which have increased in number from three (2017) to 11, can respond rapidly to crises within their own communities.
- Between 76 per cent and 96 per cent of LAC work is diverting the need for services in people's lives, through supporting non-service solutions instead.

## Key learning

- Improving responsiveness within a neighbourhood to the challenges residents are facing.
- Addressing wider determinants of health, leading to improved health outcomes and financial savings to the health system.

Source: [Combating loneliness in York | NHS Confederation](#)



GP visits for non-clinical reasons reduced by one-third



# Community Health Centres

**Community Health Centres (CHCs) in Canada integrate formal primary care with community development and health promotion**

## The model and the challenge

- The model uses a team-based approach, involving primary care physicians, social workers, psychologists, psychiatrists, and health promotion experts to address individual healthcare needs within the context of diverse communities. The model aims to overcome barriers to access, and addressing systemic social, economic, and environmental factors that negatively impact health outcomes.
- Residents are members of the governance structures of all CHCs, setting priorities and assuring progress leading to targeted, effective and flexible programs.

## What outcomes have been achieved?

- Improved Health and Social Outcomes: Initiatives addressing wider determinants of health, such as the “Pathways Program”, reduced high school dropout rates from 56% to 10%.
- The Ontario CHC client base has primary care needs 67% greater than the average Ontario population, however CHC clients have a 21% lower than expected rate of Emergency Department visits, amounting to a \$27 million saving across neighbourhoods served by CHCs.
- CHCs work with marginalized communities, addressing barriers like structural racism and cultural incompetence. For example, Taibu CHC raises awareness about sickle cell disease among the black community.

## Key learning

- Engaging community members in governance ensured that services were relevant and responsive to local needs.
- Addressing social and economic factors was crucial for improving health outcomes and reducing inequalities. The model effectively influenced these factors, for example improving educational attendance for young people.

Source: [A-Community-Powered-NHS.pdf \(newlocal.org.uk\)](#)

Source: [CHC\\_ED\\_Costs\\_Averted\\_Feb\\_9.pdf \(allianceon.org\)](#)

Source: [The Alex Community Health Centre Celebrates 50 Years - CACHC | ACCSC](#)

More information: [Home - CACHC - CACHC | ACCSC](#)



“We couldn’t do what we do alone. It’s only through working together that we can help people move from crisis to wellness and from challenge to change”

*Celebrating 50 years of the Alex Community Health Centre*



# Future Fleetwood

**Bringing together GP practices, community pharmacies, dental practices, schools, housing associations and more services to improve the health and wellbeing of Children and Young People**

## **The model and the challenge**

- Fleetwood Primary Care Network (PCN) integrates GP practices, community pharmacies, dental practices, a specialist drug and alcohol service, mental health trusts, and community services.
- The model aims to Address poor health outcomes, high anxiety and depression rates, and significant unemployment in a deprived seaside community. A key focus is on improving mental health, especially among children and young people, with limited existing community services.

## **What outcomes have been achieved?**

- In 10 months, 100 young people accessed the youth hub, 20 re-entered education, and 20 found employment.
- Introduction of a CAHMS professional to the Integrated Neighbourhood Team reduced wait times from six to nine months to two weeks.
- Multidisciplinary meetings and collaboration with various agencies improved access to and coordination of care for children with significant mental health issues.

## **Key learning**

- Start by understanding community needs and aligning them with data to develop targeted interventions.
- Understanding neighbourhoods is a process that involves both qualitative research and learning from available quantitative evidence.
- Bringing together a broad range of statutory and non-statutory bodies to address complex issues is challenging but the potential benefits are large.

Source: [NHS England » Working together to improve health in Fleetwood](#)





NHS Confederation & Local Trust  
Literature Review: Neighbourhood Working

## Appendix A: Reviewed Literature

# Appendix A: Reviewed Literature

#	Title	Author(s)	Year	Region	Purpose
1	<b>Community exchange and time currencies: a systematic and in-depth thematic review of impact on public health outcomes</b>	C. Lee, G. Burgess, I. Kuhn, A. Cowan, L. Lafortune	2019	United Kingdom.	<i>Systematic review explores the impact of Community Exchange and Time Currencies on public health outcomes.</i>
2	<b>Arts on Prescription: A Review of Impact and Implementation</b>	Sumner, M.	2020	Various localities within the UK, with a specific focus on urban areas.	<i>Evaluates the impacts of a participatory visual arts program on the health and wellbeing of</i>
3	<b>Community Powered Edmonton: A Case Study of Integrated Health and Social Care</b>	Enfield Community Services	2022	Edmonton, a neighbourhood in Enfield, London.	<i>Explores the integration of health and social care services in Edmonton through community engagement and partnerships to improve local health outcomes and address inequalities.</i>
4	<b>Qualitative study investigating the commissioning process for older people's services provided by third sector organisations: SOPRANO study protocol</b>	Sands, G., Chadborn, N., Craig, C., & Gladman, J. R. F.	2016	East Midlands region of England.	<i>Understand the dynamics, challenges, and relationships involved in commissioning health and social care services for the elderly, with the goal of improving service delivery and outcomes.</i>
5	<b>A Community Powered NHS: Building Integrated Care from the Ground Up</b>	NHS	2022	Various localities within England.	<i>Outlines principles and case studies demonstrating how community participation can transform health services and address social determinants of health.</i>
6	<b>Health and Social Care Alliance Scotland: Learning from the House of Care Programme</b>	The Health and Social Care Alliance Scotland (the ALLIANCE)	2016	Various locations within Scotland, with a focus on urban neighbourhoods.	<i>Explores the implementation and impact of the House of Care model in Scotland.</i>
7	<b>Asset-Based Community Development: A Review of Current Evidence</b>	Woodward, J and South, J and Coan, S and Bagnall, A-M and Rippon, S	2021	Various locations across the UK, with examples from both urban and rural settings.	<i>Reviews evidence on neighbourhood-based Asset Based Community Development (ABCD) programmes which have been applied in different types of community and settings.</i>
8	<b>Bradford Inequalities Research Unit: Evaluation of the Central Locality Integrated Care Services (CLICS)</b>	Hou, B., Moss, R., Hammad, M., Sheldon, T., Wright, J., & Dickerson, J.	2023	Central Bradford, United Kingdom.	<i>Evaluates the Central Locality Integrated Care Services (CLICS) initiative in Bradford and the impact of integrated care on local health outcomes.</i>
9	<b>The effects of integrated care: a systematic review of UK and international evidence</b>	Susan Baxter, Maxine Johnson, Duncan Chambers, Anthea Sutton, Elizabeth Goyder, and Andrew Booth	2018	United Kingdom, with additional international evidence from developed countries (OECD members).	<i>Systematic review examines the effects of integrated care models on service delivery outcomes, such as effectiveness, efficiency, and quality of care, in both the UK and internationally.</i>
10	<b>Adapting primary care for new migrants: a formative assessment</b>	Dr Elizabeth Such, Dr Elizabeth Walton, Brigitte Delaney, Dr Janet Harris, Professor Sarah Salway	2017	Primary care practices across the United Kingdom, with a focus on regions with high migrant populations, such as Northern England, Scotland, and London.	<i>Assesses the ways in which primary care services in the UK are adapting to meet the needs of new migrants.</i>

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#	Title	Author(s)	Year	Region	Purpose
11	<b>Community Hubs and Green Space: Real World Evidence for Enhancement of Wellbeing</b>	What Works Centre for Wellbeing	2021	Various locations across the United Kingdom.	<i>Reviews practice-based case studies to explore how community hubs and green spaces enhance wellbeing in local communities.</i>
12	<b>Social Prescribing Observatory: A Learning Health System Approach for Using Data to Improve Practice</b>	Anant Jani, Harshana Liyanage, Cecilia Okusi, Julian Sherlock, and Simon de Lusignan	2020	United Kingdom.	<i>Shares early learning from two independent workstreams by the Royal College of General Practitioners (RCGP) and the University of Oxford.</i>
13	<b>A Glass Half Full: 10 Years On Review</b>	Jane Foot and Trevor Hopkins	2020	United Kingdom.	<i>Reviews the asset-based approach to community health and well-being, examining its impact over the past decade.</i>
14	<b>Primary Care Networks and Place-Based Working: Addressing Health Inequalities in a COVID-19 World</b>	Merron Simpson, in partnership with the Royal College of General Practitioners Health Inequalities Standing Group	2021	United Kingdom.	<i>Explores how Primary Care Networks (PCNs) can effectively address health inequalities through place-based working, particularly in the context of the COVID-19 pandemic.</i>
15	<b>Places and Spaces Review: Refresh 2023</b>	What Works Centre for Wellbeing	2023	United Kingdom.	<i>Explores the impact of green spaces and community hubs on wellbeing, highlighting the importance of local spaces in enhancing community health and social cohesion.</i>
16	<b>Social Prescribing Case Studies: Full Report</b>	Amber Lavans, Bethan Jenkins, & Amrita Jesurasa	2023	Wales, United Kingdom.	<i>Showcases the breadth of social prescribing practice, its cross-sectoral and person-centred approach, and how it supports individuals with a broad range of health and wellbeing needs across Wales.</i>
17	<b>Social Prescribing in the East Midlands: 2019 Survey Findings and Case Studies</b>	NHS East Midlands	2019	East Midlands, United Kingdom.	<i>Presents findings from a 2019 survey on social prescribing in the East Midlands and includes various case studies to illustrate the impact and implementation of social prescribing services in the region.</i>
18	<b>Vaccine Hesitancy in BAME Populations: Strategies for Engagement and Trust-Building</b>	Public Health England	2021	United Kingdom.	<i>Investigates vaccine hesitancy within Black, Asian, and Minority Ethnic (BAME) populations in the UK and explores strategies to build trust and enhance engagement to improve vaccine uptake.</i>
19	<b>Whole Systems Approach to Obesity: Programme Learning Report</b>	Public Health England	2019	Various local authorities in England.	<i>Overview of the Whole Systems Approach (WSA) to tackling obesity in local communities across the UK.</i>
20	<b>Kinship in the City: Building Social Connections in Urban Spaces</b>	Ken Shuttleworth, Founder of Make Architects, Chairman of Future Spaces Foundation	2019	United Kingdom, focusing on urban spaces.	<i>Explore how urban design and architecture can foster social connections and community spirit in cities.</i>

# Appendix A: Reviewed Literature

#	Title	Author(s)	Year	Region	Purpose
21	<b>"It was the whole picture" a mixed methods study of successful components in an integrated wellness service in North East England</b>	Mark Cheetham, Linda Eastwood, Julia Townshend, and John Adams	2018	North East England.	<i>Evaluates the successful components of an integrated wellness service in North East England.</i>
22	<b>Boundary Work: Understanding Enactments of 'Community' in an Area-Based, Empowerment Initiative</b>	Joanna Reynolds	2018	England: Craybourne and Westin Hill.	<i>Explore how community was enacted through the delivery of an area-based, empowerment initiative underway in disadvantaged areas of England.</i>
23	<b>Community health promotion in countries with life expectancy approaching 90 years</b>	Johan P. Mackenbach, Martijn Huisman, Ichiro Kawachi, Peter Muennig, Julian Perelman, and Jean-Marie Robine	2023	Countries with high life expectancy, specifically those approaching 90 years, including examples from Europe, North America, and Asia.	<i>Examines community health promotion strategies in countries with life expectancies nearing 90 years, identifying effective interventions and policies.</i>
24	<b>Putting context centre stage: evidence from a systems evaluation of an area based empowerment initiative in England</b>	Lois Orton, Emma Halliday, Michelle Collins, Matt Egan, Sue Lewis, Ruth Ponsford, Katie Powell, Sarah Salway, Anne Townsend, Margaret Whitehead, Jennie Popay	2017	England, specifically within the 150 areas participating in the Big Local initiative.	<i>Evaluates the Big Local initiative in England, using a systems approach to understand how context influences the development and impact of area-based community empowerment initiatives.</i>
25	<b>Well Communities: Empowering and connecting communities to improve health and wellbeing and reduce inequalities</b>	Gail Findlay, Angela Harden, Gopal Netuveli, Adrian Renton, Patrick Tobi	2017	London, particularly in the boroughs of Tower Hamlets, Greenwich, and other disadvantaged areas.	<i>Evaluates the Well Communities framework, a community development initiative aimed at improving health and wellbeing and reducing inequalities through community empowerment and engagement.</i>
26	<b>Making it Happen: Practical Learning from the Five Realising the Value Partner Sites</b>	Johanna Ejbye and Annette Holman	2016	Five different sites across England.	<i>Practical insights and lessons from five community-based projects aimed at developing person- and community-centred approaches to improve health and wellbeing.</i>
27	<b>People-Centred Population Health Management in Germany</b>	Oliver Groene, Helmut Hildebrandt, Lourdes Ferrer, K. Viktoria Stein	2016	Kinzigal region in Germany.	<i>Discusses the Gesundes Kinzigal (GK) model in Germany, illustrating how a people-centred approach to population health management can achieve the Triple Aim of better population health, improved care experiences, and reduced per capita costs.</i>
28	<b>Connected Communities</b>	David Boyle, Sherry Clark, Sarah Burns, Steve Dowson, Julia Malinowski, and Toby Lowe.	2015	Various communities across the UK, both urban and rural areas.	<i>Explores the impact of community engagement and social networks on individual and community wellbeing.</i>
29	<b>The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis</b>	Alison O'Mara-Eves, Ginny Brunton, Sandy Oliver, Josephine Kavanagh, Farah Jamal, and James Thomas	2015	USA, UK, Canada, and other OECD countries.	<i>Systematic review and meta-analysis evaluate the effectiveness of community engagement in public health interventions aimed at reducing health inequalities among disadvantaged groups.</i>
30	<b>Community participation to design rural primary healthcare services</b>	Jane Farmer and Amy Nimegeer	2014	Four remote Scottish Highland communities.	<i>Explores how community participation can be utilised to design rural primary healthcare services, specifically through a study of Scottish communities.</i>

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#	Title	Author(s)	Year	Region	Purpose
31	<b>Intentional whole health system redesign: Southcentral Foundation's 'Nuka' system of care</b>	Ben Collins	2015	Alaska, USA.	<i>Analyses the factors behind Southcentral's achievements and draws lessons for the NHS.</i>
32	<b>Community health and wellbeing workers: an off-the-peg solution for improving health and care in England</b>	Cornelia Junghans, Matthew Harris and Azeem Majeed	2024	Westminster, England.	<i>Discusses the importance of integrating community health workers (CHWs) into primary care settings.</i>
33	<b>Putting Community Health and Wellbeing Workers at the heart of primary care</b>	NIHR (National Institute for Health and Care Research)	2021	Northwest London, England.	<i>Discusses the implementation of the Community Health and Wellbeing Worker (CHWW) model in Northwest London.</i>
34	<b>Combatting loneliness in York</b>	NHS Confederation	2022	York, England.	<i>Describes an asset-based community development approach in York to combat loneliness and reduce non-clinical GP visits.</i>
35	<b>Emergency Department Costs Averted Attributed to Community Health Centres in Ontario</b>	Alliance for Healthier Communities	2017	Ontario, Canada.	<i>Explores the financial impact of Community Health Centres (CHCs) in reducing emergency department (ED) visits in Ontario.</i>
36	<b>Celebrating 50 Years of The Alex Community Health Centre</b>	Hillary LeBlanc	2024	Calgary, Canada.	<i>Highlights the history and impact of The Alex Community Health Centre in Calgary.</i>
37	<b>Working together to improve health in Fleetwood</b>	NHS England	2023	Lancashire, England.	<i>Discusses an integrated neighbourhood initiative in Fleetwood, a deprived seaside community.</i>
38	<b>The Marmot Review 10 Years On</b>	Institute of Health Equity	2020	United Kingdom.	<i>Examines progress in addressing health inequalities in England, 10 years on from the landmark study Fair Society, Healthy Lives (The Marmot Review).</i>



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