

Sheffield's Vision for Neighbourhood Health

This paper was tabled and agreed Sheffield Health and Care Partnership Board on 16 April 2026 at meeting chaired by Emma Latimer. The paper was written by Simon Duffy, Sarah Burt and Abigail Tebbs.

1. Introduction

At the February Health and Care Partnership (HCP) Board two papers were presented on neighbourhood health and community development, one focused upon approaches to neighbourhood and community development, building upon the Sheffield City Goals and the 147 different neighbourhoods of Sheffield and the second, a proposed Sheffield approach to meet the NHS England interpretation of neighbourhood health, and the work required to deliver it.

Subsequent discussion suggested that it would be helpful to bring the two strands together to ensure a single approach to neighbourhood health and community development across the city. The following paper therefore aims to articulate a way forward for Sheffield building on the papers previously presented and which can be found in Appendix 1 and 2.

2. Drivers for Change

We know that our health and wellbeing is created when we can live meaningful lives in welcoming and supportive communities. We understand that Sheffield is full of diverse communities with many different gifts and 147 different neighbourhoods that make up our one City. We are committed to working together with the citizens of Sheffield to ensure everyone can live to their full potential and that every neighbourhood is a safe, caring and healthy place to live and to achieve the [Sheffield City Goals](#).

We also recognise that the world is changing, and we need to take action now to address existing and emerging challenges:

- Too many of us are feeling lonely and disconnected from our communities.
- We want our children to see Sheffield as a place that gives them all the opportunity to contribute and build a good life.
- We must take better care of our rivers, land and wildlife, grow healthy food locally and become more self-reliant in our use of energy.
- We need an economy that invests in local people, public spaces, community groups and local businesses.
- Citizens in every neighbourhood must be able to debate, make decisions, spend money and take citizen action.
- We must tackle the deep underlying injustices built into our social and economic system that are creating severe health inequalities.
- We need to work with the mayor and our partners in South Yorkshire to ensure the whole region is flourishing and connected.
- We need to reverse the centralisation of power in the UK, so decisions are made closer to our communities.

These challenges are complex and multilayered. Many solutions will take time and new forms of cooperation however, we commit to face these challenges together and in a spirit of openness and mutual accountability.

3. Design Principles for Neighbourhood Health

We know that public services are critical to everyone's wellbeing. In Sheffield, we are proud of the work done by citizens and professionals to improve our lives however, we also know that the system needs to change to meet the challenges ahead.

What follows are design principles for a better system. These principles provide the framework for future decision-making. If we are making changes that are in harmony with these principles, then we are going in the right direction. But if our plans contradict these principles then we need to stop, take stock and find a better way. None of these are a quick fix—they are meant to guide our choices as we move forward together:

1. **Invest in our neighbourhoods** – as the city takes a more proactive and preventative approach to health and healthcare delivery, we aspire to move funding for services, jobs, buildings and other resources into all 147 neighbourhoods to support the neighbourhood economy.
2. **Grow community power** - public services should help local people and community groups take more responsibility through respectful and long-lasting partnerships.
3. **Open up our spaces** - public services can help citizens open up the public spaces, buildings and green spaces needed to meet, organise and make things happen.
4. **Increase professional agency** - more professionals should be embedded in neighbourhoods, working closely with citizens to solve problems and seize opportunities quickly.
5. **Encourage peer support** - people with lived experience of illness or disability are ideal partners to share information and support for those who need public services.
6. **Increase self-direction** - many forms of support can be managed more effectively by the person or by those close to them, including professionals.
7. **Strengthen community support** - public services and citizens need to work together to end loneliness, strengthen families and ensure people can stay in their own neighbourhood.
8. **Prevent unnecessary crises** - people and families need to be able to access information, support and advice as close to home and as early as possible to avoid hospitalisation and institutional care.

9. **Get people home quickly** - communities need to work together to ensure that people can move out of hospital and back home as quickly and safely as possible.
10. **Move resources towards the need** - when care is delivered through community solutions then public funding must follow to support services within the communities where people live.
11. **End extractive practices** - funding should not be going to services that are driven by excessive profit or are based outside Sheffield or the region.
12. **Care for nature** - public services share responsibility with the whole community for taking care of the natural environment, reducing pollution and generating energy.
13. **Influence policy for good** - public services and professionals can see the evidence of bad public policies and must share information and contribute to creating social and economic policies that work for everyone.
14. **Increase income equality** - pay ratios should be reduced and minimum incomes increased so that money is spent more efficiently and inequality is reduced.
15. **Limit centralisation** - more decisions should be made locally where possible and a clear framework for different levels of competence should be developed.
16. **Create partnerships of trust** - we should seek to create rules or frameworks which make it easier for citizens and communities to get involved or use their initiative.
17. **Improve mutual accountability** - public services must be open to criticism and improvement and we must also be able to challenge and support our communities.

4. The Impact of Our Vision

If we achieve our vision for neighbourhood health in Sheffield this will have a powerful impact on our lives, our work and our communities. Some of this work is long-term with an impact that is generational; but there are many things we can do right now which will have an immediate and measurable impact. We will need to ensure our plans and progress are driven by population health data and robust metrics are in place to measure outcomes. If we commit to this vision, then we will see:

- Significant improvements in life expectancy and wellbeing, particularly for those groups who are currently most disadvantaged and so a major reduction in health inequalities. There will be a major reduction in loneliness and improvements in mental health. Children will be learning, mixing and making friends in their own neighbourhoods, getting the best start in life.
- A big reduction in people staying too long in hospital or in institutional or residential care. Instead, there will be a strong network of support rooted in our neighbourhoods that combines peer support, support from neighbours, locally employed staff providing personalised support. This will be backed up with training and support from a local multi-disciplinary team that includes health care professionals and social workers.
- Open spaces where local people can gather, organise and work together. People will find it easy to start a group, a local business or new project to improve their community. There will be a neighbourhood calendar and noticeboard full of local events and meetings that people can join.
- Each neighbourhood will have its own wealth fund and local democratic decision-making body that enables the community to make decisions and invest in the changes that will have the most impact. This will connect back to the decision-making for the whole City and neighbourhoods will be learning from each other and shaping the future of the city.
- Green spaces will increase, more food and trees will be grown in every neighbourhood, more people will be walking, cycling or using public transport to get around. Each neighbourhood will have local jobs, shops, places to meet, celebrate or be creative.
- A more sustainable health and care system, with redesigned payment mechanisms where appropriate, ensuring optimal value for the Sheffield pound and a resilient workforce aligned with our objectives.

5. How to Achieve Our Vision

To achieve this vision will require a 3-pronged approach:

- A. **Programmes of Change** - public services will need to develop programmes that meet core objectives, but which are designed in line with the Design Principles for Neighbourhood Health. These programmes will enable us to shift resources and action to the right points.
- B. **Community Capacity** - these programmes need to be aligned with the growing efforts across the City to strengthen citizen action and neighbourhood development by working from the grassroots, enabling local neighbourhoods to have resources and the freedom to innovate.
- C. **New Settlement** - both these strategies must strengthen trust between public services, citizens and neighbourhoods and lead to a clear and public understanding of mutual responsibilities.

What follows is merely an outline of the kinds of approaches that will be necessary to realise our vision for Neighbourhood Health.

A. Programmes of Change

The Neighbourhood Health Framework (published 17.3.26) [Neighbourhood health framework - GOV.UK](#) describes how neighbourhood health will only work as a joint endeavour between the NHS and local authorities, alongside wider partners. It describes an expectation of a truly collaborative effort between all partners, combining the NHS's responsibility for health services with local authorities' responsibility for adult and children's social care services and public health. This will foster a true partnership for the benefit of all citizens to ensure we achieve the left shift from hospital to community, and sickness to prevention.

The aims of the approach are to

- Improve people's health and care outcomes, reduce health inequalities and help them stay well at home;
- Organise services around the person with more convenient, personalised and joined-up care;
- Reduce pressure on more acute services - including hospitals and care homes;
- Cut waste and duplication.
- Help the NHS deliver against core targets.

The framework describes that to deliver the aims of neighbourhood health, the NHS and local authorities must transform how they work together - and with wider partners, including neighbourhoods and civil society (such as the VCSE sector) - to improve planning and, in turn, health and care outcomes. This will need to include increasing alignment across multiple services, contracts and pathways at a neighbourhood level, through to increasing alignment between ICBs and local authorities, and mayoral strategic authorities where relevant.

ICBs and local authorities, working with other local partners, will make the changes to services to:

- Improve services for people who need routine healthcare, so neighbourhood health benefits everyone;
- Improve proactive care for people with complex needs;
- Deliver better alternatives to hospital care.

To make these changes, as a city we will need to embrace some fundamental shifts in the way we plan and deliver health and care for everyone.

To ensure we deliver the right care to the right people in the right place and make optimal use of public funding we will need to deliver services at the correct scale to ensure that wherever possible care is delivered as close to home as possible. Proposed layers of scale for care provision within Sheffield are set out at figure 1 overleaf.

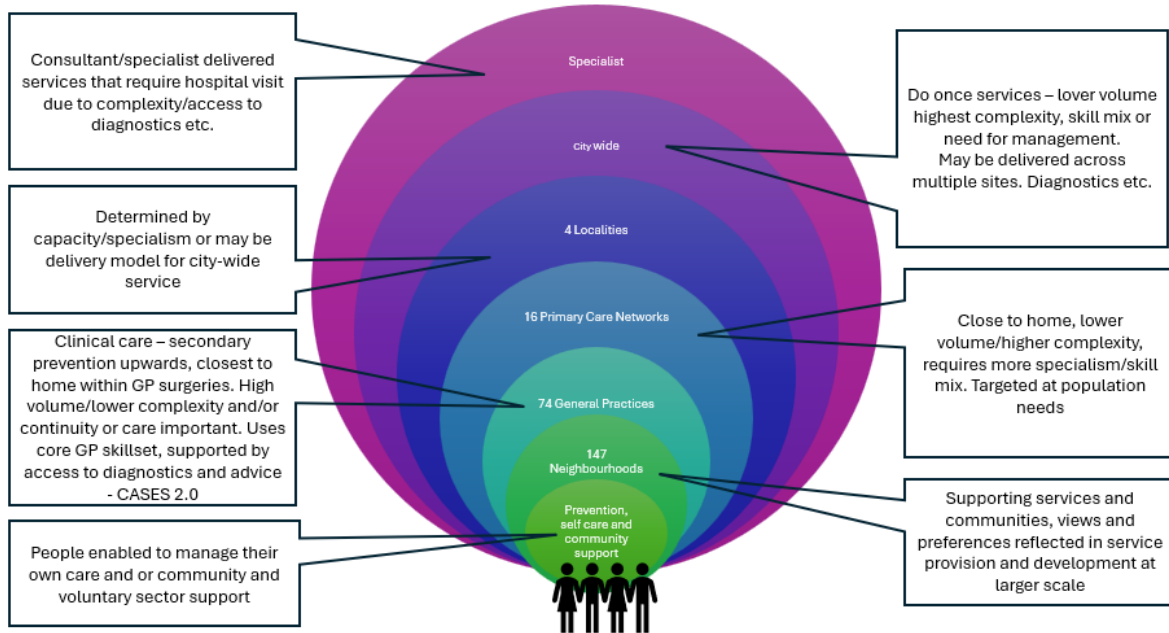


Figure 1: Proposed Layers of Scale for Service Provision in Sheffield

To progress new ways of working within a neighbourhood health framework, we are suggesting four key areas of focus

1. Building on extensive existing skills, knowledge and expertise in the city, we will describe the Sheffield approach for our citizens who are living with frailty, complex needs and/or at the end of their life. The focus will be on ensuring that all our citizens have access to the support that they need to live as well as possible in the community.
2. The identification of our “pre-frail” citizens living with multi-morbidity / complexity. The focus will be on describing a Sheffield approach to optimal management for the individual and their family / caregiver focused on multi-disciplinary, collaborative, proactive and personalised approaches to enhance quality of life, connection to the community and delay the progression to frailty.
3. A focus on our citizens with a long-term condition by developing supportive networks that enable people to take greater control over their own health and supporting them to achieve “what matters to them”.

4. Citizen health and well-being –building on existing work to improve population health such as the promotion of and investment in those initiatives that reduce / prevent / delay the acquisition of a first LTC, improve wellbeing and connection to community.

In all these areas it is possible to work with citizens and neighbourhoods differently to innovate and improve outcomes. This approach can be extended to all areas of health care and for people of all ages.

In his letter dated 1 April 2026 [NHS England » 1 April 2026 next steps on planning and priorities for 2026/27](#), Sir Jim Mackey asked that by 15 May, ICBs submit a strategic commissioning narrative that includes a description of how as commissioners and providers we intend to develop neighbourhood care in our city, what our strategic ambition is and how this links to our key challenges. If approved, this proposal could contribute to the Sheffield narrative.

B. Community Capacity

Sheffield has a long history of citizen action and cooperation, and it was one of the cities that led the development of universal healthcare in the 1920s. However, the city now lacks a robust civic infrastructure at a neighbourhood level; although there are 2 parish councils (Bradfield and Ecclesfield) and 1 town council (Stocksbridge). However, things are changing.

In 2024, in work supported by NHS Sheffield, the citizens of Sheffield co-produced a map of all 147 neighbourhoods of Sheffield and this is now accepted as the definitive map of Sheffield's neighbourhoods. That same year also saw partners from across the city agree to 18 City Goals that all citizens and organisations can aim to help achieve.

One example of community-led work in Sheffield is the work on the North East model neighbourhood, which is an ambitious, community-powered programme to tackle the health inequalities in North East Sheffield.

As part of the work, we spoke to over 1,000 local people about what matters most to them. This community engagement directly influenced the programme's priorities and the design of small, medium and large grants which have since been distributed. Communities have been involved with who we fund too.

We are funding over 40 voluntary community sector groups who are delivering a wide range of projects — from allotments projects and outdoor play to women's theatre — all of which build on their understanding of the communities they work with to achieve health and wellbeing outcomes.

In 2025 Sheffield City Council produced its Community Strategy which confirmed the view that 'strong, empowered communities are central to Sheffield's future and the foundation of everything we want to achieve' In 2026 it was agreed to establish a Partnerships Lab to create the new infrastructure that the city needs:

1. neighbourhood governance in all 147 neighbourhoods;
2. systems to enable young people to get involved;
3. data measurement and cooperation;
4. strategic finance initiative to fund the big changes needed.

All these initiatives can play a critical role in helping to achieve our Vision for Neighbourhood Health and other initiatives are taking place which will also create opportunities for the city. Pride in Place is a new central funding initiative that aims to

get funding shaped by local neighbourhoods in Batemoor, Jordanthorpe and Lowedges, and Parson Cross and Fox Hill.

In addition, new legislation planned in the English Devolution and Community Empowerment Bill which will mandate neighbourhood governance. At the heart of all these initiatives will be the need to listen to and work with people in all 147 neighbourhoods to build the right systems of leadership and democratic governance for the future.

The role of the South Yorkshire Mayor is also changing, and the South Yorkshire Mayoral Combined Authority (SYMCA) will be given a larger role in shaping the regional health strategy and aligning it with public transport and economic development priorities. These changes should all improve our ability to achieve our vision.

C. New Settlement

Ultimately, we must work together to develop a new settlement for the city where the different roles of citizens, neighbourhoods, statutory bodies and public services are clear and there is mutual accountability. This settlement will make clear:

- the different levels of decision-making authority for neighbourhoods and for other bodies at different levels of geography ensures that the principle of subsidiarity is followed and that decisions are made as close to people as possible.
- funding rules that ensure that resources are distributed more equitably and that inequalities are narrowed so that every neighbourhood can flourish.
- community organisations and local businesses understand how they can work within this framework so that innovation and citizen action is encouraged and supported.
- communities and identity and interest can also find their voice to ensure that every neighbourhood is inclusive and welcoming.
- the city works together to challenge systemic injustices that impact the city, its citizens and the natural world.

This work will take time, and trust will need to be developed between all partners, citizens and the democratic systems of Sheffield. But this work is achievable if we maintain commitment to the vision and love of our city.

6. Governance

This work has clear links to the following:

- The Health and Wellbeing Board;
- The HCP Board;
- South Yorkshire Integrated Care Board;
- VAS - Partnership Lab;
- Sheffield City Council.

It is proposed that a Neighbourhood Health / Community Development Programme be developed and appropriate governance and accountability are agreed following discussion by the Board.

A list of potential partners to be involved in the programme is listed at Appendix 3.

7. Recommendations

It is recommended that the Health and Care Partnership Board agree to the development of a Neighbourhood Health / Community Development Programme to deliver the Sheffield Vision for Neighbourhood Health.

Appendix 1 - Neighbourhood Care and City Goals and Neighbourhoods of Care (Simon Duffy)



Paper C -



Paper Ci -

Neighbourhood Care : Neighbourhoods of C:

Appendix 2 – Sheffield Neighbourhood Health / Out of Hospital Strategy and Plan, Ian Atkinson, Abby Tebbs and Sarah Burt



Paper D - Sheffield
Neighbourhood Health

Appendix 3 – Potential Partners

- GPs, LMC, Provider Forum, PCNs
- Primary Care Sheffield
- FTs - STH, SCH, SHPU and Acute Provider alliances
- St Luke's
- SYICB
- SCC - social care (adults and children), housing, education, highways, communities, planning etc and public health, libraries
- VCS, need to do anchor institution mapping here too
- Chamber of Commerce and local businesses
- Pharmacy and LPC
- Optometrists and PECS
- Dentists
- City Partnership
- SYMCA
- NHS England
- Sheffield charities