

Integrated neighbourhood teams: What does the evidence say?

Evidence brief – December 2025

Background

National policy is to deliver the National Neighbourhood Implementation Programme (NNIP). In many areas this is building on previous work with Integrated Neighbourhood Teams (INTs). Several comprehensive evidence reviews have been published recently to support service development in this area; notably focussing on barriers and enablers and the constituent parts that are likely to support successful INTs. This short evidence brief brings together summaries from these reports to support evidence-based commissioning.

Learning from experience: enablers of good integrated neighbourhood teams

INTs can enable people to receive the right care in the right place and at the right time. They can also enhance collaboration between providers and support improvement in population health by promoting preventive care and early intervention. There is largely agreement in the literature about what are the key enabling and inhibiting factors to good INT development and this review is therefore brief. Key principles for good practice are summarised in Figure 1 and detailed in Appendix 1. A checklist of key principles is also provided to aid discussions across system partners developing such teams.

Leadership and governance	There is a need for a clear vision and well-formed objectives for the INT with strong identifiable leadership and governance structure to support shared decision making.
Management	Stable and sustainable funding approaches are required that are flexible enough to respond to community needs.
Workforce	INTs are comprised of core generalist teams with the ability to call on specialist expertise as required. Clarity on roles and responsibilities within the INT is a central concept.
Community centred	INTs are developed with the communities they are supporting, build on existing engagement and collaboration and empowering neighbourhoods to take charge of their health and wellbeing.
Operational integration	Co-location is important to facilitate the operation of the INT and facilitate multi-professional and multi-service working, including acting across professional and organisational boundaries and cross-referring. This extends to ensuring accessible IT systems and protected time and space for multi-disciplinary meetings. Flexibility within operations is needed to respond to the needs of the person in a safe and accessible way.
Proactive approach	Use data and insight to guide the proactive approach to identifying people who would benefit from the INT approach.
Culture of learning and trust	The INT is much more than a service. It is a way of working that enables experimental ideas to be tested, learning to be shared and trust to be built. Time to allow these concepts to take place is as important as service delivery itself.

Figure 1. Principles for good INT development

Conclusions from the evidence

There is a wealth of learning from the evidence on integrated neighbourhood working and we outline in this brief some key principles of good practice as described in the recent literature. The literature also acknowledges the complexity of addressing barriers in the context of this work and the importance of co-designing community focused solutions.

References (links to each one provided)

Checkland, K., Bramwell, D., Bailey, S., Proctor, K., Hammond, J., Warwick-Giles, L. (2025) [Commissioning a 'neighbourhood health service': what can we learn from the literature?](#) British Journal of General Practice 2025; 75 (760): 526-530.

Edwards, N. (2025) [Creating integrated neighbourhood teams: Learning from experience.](#) National Association of Primary Care

Edwards, N., Lewis, R. (2024) [Integrated neighbourhood teams: lessons from a decade of integration.](#) Nuffield Trust.

Gkiouleka, A., Malo, L., Clark, E., Dehn Lunn, A., Engamba, S., Gajria, C., Loftus, L., Torabi, P., Ford J. (2025) [What works: How can integrated neighbourhood teams reduce inequalities in health and health care?](#) Health Equity Evidence Centre

Iqbal, F., Kayikci, S., Lowther-Payne, H., Aly, M., Askari, A., Wells, R., Bhuiya, A. (2025) [Defining the integrated neighbourhood model: a systematic review of key domains and framework development | BMC Public Health](#) BMC Public Health; 25, 1374

Long, H. A., Bower, P., Rafiq, S., Dumville, J., Shi, C., & Cullum, N. (2025). [Rapid Evidence Synthesis: What factors influence service integration and delivery by integrated neighbourhood teams operating across local health and care organisations?](#) Healthier Futures Research Platform, The University of Manchester, UK

PPL (2024) [Literature Review: Neighbourhood Working](#) on Behalf of NHS Confederation and Local Trust.

Checklist: Principles of good integrated neighbourhood teams

This is an evidence-based checklist, derived from findings in the recent literature on integrated neighbourhood teams. It is designed to support evidence-based conversations at a neighbourhood level.

Leadership and governance

- There is a clear vision and well-formed objectives for the INT
- The INT has strong identifiable leadership
- Clear governance is in place
- Shared decision making is enabled; decision making process is clear

Management

- Funding is sustainable
- Funding can respond flexibly to community needs

Workforce

- The INT has a core generalist team
- There is access to specialist expertise as required
- Roles and responsibilities within the INT are clear and agreed

Community centred

- The INT has been developed together with the communities that it supports
- The INT empowers the neighbourhood to take charge of its health and wellbeing

Operational integration

- The INT is co-located with relevant services and professionals
- There is an ability to act across professional and organisational boundaries and cross-refer
- The INT has access to appropriate, shared IT systems
- The INT has access to protected time and space for multi-disciplinary meetings
- There is flexibility within operations to respond to the needs of the person in a safe and accessible way

Proactive approach

- The INT uses data and insight to guide a proactive approach to identifying people who would benefit from it

Culture of learning and trust

- Time is allowed to enable trust to be built
- Time is allowed to enable learning to be shared
- Time is allowed to enable experimental ideas to be tested

Appendix 1: Key principles and enablers of good integrated neighbourhood teams

Key domains	Enabling factors/ what works	Authors	Key theme messages
Leadership and governance	Clear and shared strategic vision	Iqbal et al., 2025 Long et al., 2025	There is a need for a clear vision and well-formed objectives for the INT with strong identifiable leadership and governance structure to support shared decision making.
	Bold shared ambition	Edwards, 2025	
	Strong leadership and management	Checkland et al., 2025 Long et al., 2025	
	Clearly defined, inter-organisational governance	Iqbal et al., 2025	
	Common information governance frameworks, IT and information systems and training for INT staff on how to use them.	Gkiouleka et al., 2025	
	Clear and appropriately formed objectives	Edwards and Lewis 2024	
Management	Good leadership and management	Checkland et al., 2025 Edwards, 2025	Stable and sustainable funding approaches are required that are flexible enough to respond to community needs.
	Financial mechanisms	Checkland et al., 2025	
	Appropriate, sustained resources and funding	Long et al., 2025	
	Develop effective formulas for resource distribution	Gkiouleka et al., 2025	
	Monitoring and performance	Checkland et al., 2025 PPL, 2024	
Workforce	Workforce support	Checkland et al, 2025	INTs comprised of core generalist teams with the ability to call on specialist expertise as required. Clarity on roles and responsibilities within the INT is a central concept.
	Workforce leadership and oversight	Iqbal et al., 2025	
	A core integrated workforce	Iqbal et al., 2025	
	A core generalist team	Edwards, 2025	
	Specialist services that can be drawn down to support individual needs	Edwards, 2025	
	Clarity on interprofessional roles and responsibilities	Long et al., 2025	
	Opportunities for staff learning and professional development	Long et al., 2025	
Engaged population and workforce	Edwards, 2025		

Key domains	Enabling factors/ what works	Authors	Key theme messages
	Empowered staff engaged around a shared purpose	Edwards, 2025	
Community centred	Engages the public (citizens and patients)	Checkland et al., 2025 Edwards, 2025	INTs are developed with the communities that they are supporting, build on existing engagement and collaboration and empower neighbourhoods to take charge of their health and wellbeing.
	Community centred with flexible service design and co-design	Iqbal et al., 2025 PPL, 2024	
	Cross-sectoral collaboration and commitment	Iqbal et al., 2025 PPL, 2024	
	Good communication processes	Checkland et al, 2025	
	Empowers neighbourhoods to take charge of their health and wellbeing	PPL, 2024	
	Partnerships of trust among services and marginalised communities and co-decision regarding health needs, priorities, and effective action	Gkiouleka et al., 2025 PPL, 2024	
Operational integration	Integrated partnership principles (skillsets, knowledge, data driven, shared ownership, training and learning, sharing across teams, systems focus)	Iqbal et al., 2025	Co-location is important to facilitate the operation of the INT and facilitate multi-professional and multi-service working, including acting across professional and organisational boundaries and cross-referring. This extends to ensuring accessible IT systems and protected time and space for multi-disciplinary meetings. Flexibility within operations is needed to respond to the needs of the person in a safe and accessible way.
	Appropriate focus for core areas of work and services provided	Iqbal et al., 2025	
	Connecting services across all population groups	Edwards, 2025	
	Balanced bottom-up and system-wide approach	Edwards, 2025	
	Co-located, safe and accessible services and spaces (eg primary care and mental health services with legal aid and social care support)	Long et al., 2025 Gkiouleka et al., 2025 PPL, 2024	
	Integration of IT systems and information sharing	Gkiouleka et al., 2025	
	Dedicated time for multidisciplinary team (MDT) meetings	Long et al., 2025	
	Appropriate, sustained resources and funding	Long et al., 2025	

Key domains	Enabling factors/ what works	Authors	Key theme messages
	Interoperable information technology systems to support data sharing	Long et al., 2025	
	Simplify processes but recognise that no one size fits all	Edwards, 2025	
	Ensure flexible access pathways according to local needs.	Gkiouleka et al., 2025	
Proactive approach	Data driven (understand need, demand and risk)	Edwards, 2025	INTs should use data and insight to guide the proactive approach to identifying people who would benefit from the INT approach.
	Planned infrastructure	Edwards, 2025	
	Use community partnerships to identify groups with unmet needs in the neighbourhood	Gkiouleka et al., 2025	
Culture of learning and trust	An experimental and learning culture	Edwards, 2025	The INT is much more than a service. It is a way of working that enables experimental ideas to be tested, learning to be shared and trust to be built. Time to allow these concepts to take place is as important as service delivery itself.
	Centred on building effective and trusting relationships	Edwards, 2025	
	Locally sensitive approach	Gkiouleka et al., 2025	
	Trust between health care services and marginalised communities	Gkiouleka et al., 2025 PPL, 2024	
	Sense of ownership	Edwards, 2025	
	Partnerships of trust among services and marginalised communities and co-decision regarding health needs, priorities, and effective action	Gkiouleka et al., 2025	
	Strong working relationships powered by trust and mutual respect	Long et al., 2025	
	Opportunities for staff learning and professional development	Long et al., 2025	
	Time for teams to build trust and to act	Edwards, 2025 PPL, 2024	