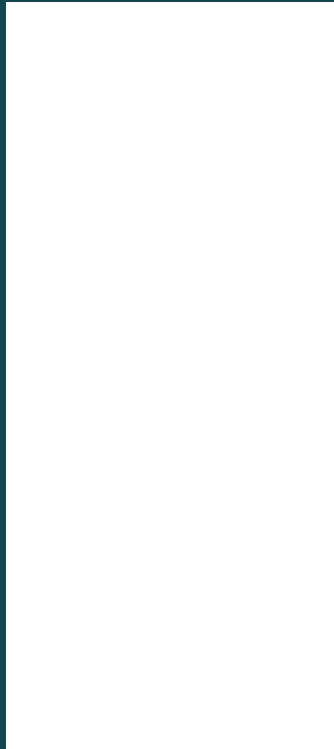


# Introduction to the National Community Health & Wellbeing Fund

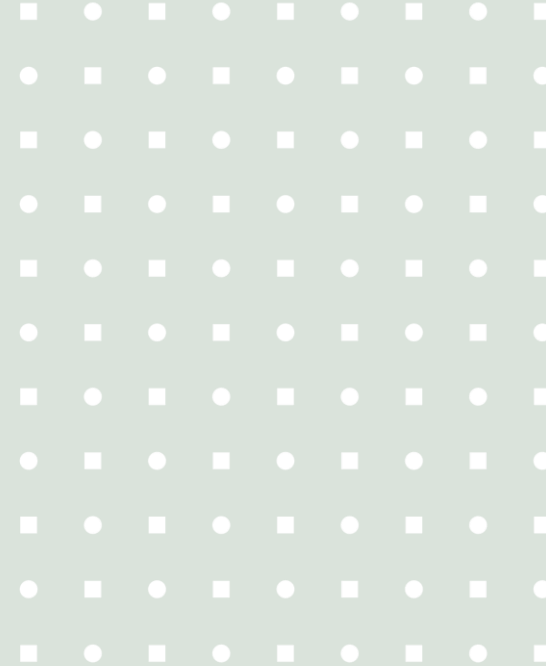
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# Executive summary

- In 2024, the **National Academy For Social Prescribing (NASP)** published *Envisaging a Social Prescribing Fund in England*<sup>1</sup> which set out a bold vision for a national fund to support neighbourhood and community health via social prescribing. This report was funded by the National Lottery Community Fund and co-produced with over 100 organisations.
- Since then **NASP, Social Finance and UCL** have worked closely with **seven “Early Adopter” sites**, key experts and the sector more broadly, to evolve and operationalise this vision.
- The result is the **National Community Health & Wellbeing Fund** – building on the original principles but broadening its scope to sustainably grow community capacity for improved local health and wellbeing.
- **The fund is designed to enable the NHS 10 Year Health Plan’s aim to shift towards neighbourhood health**, with strong community and VCFSE leadership and long-term local capacity building.
- **The fund’s principles have now been translated into a prospective delivery model**, including a detailed assurance-based governance framework, a structured funding mechanism, and the establishment of a national data centre to support evidence generation and learning.
- We expect this national fund to enable investment into local areas scaling from approximately **£19.2 million in 2026 to £101.5 million by 2030**, from the initial set of Early Adopter sites to full coverage across England.



1. National Academy for Social Prescribing, 2024. *Envisaging a Social Prescribing Fund in England*. [online] Available at: <https://socialprescribingacademy.org.uk/media/wvnenhti/envisaging-a-social-prescribing-fund.pdf> [Accessed 10 July 2025].

# Introduction to the National Community Health & Wellbeing Fund

# Background

In December 2024 NASP published a major report calling for a Social Prescribing Fund in the UK.

The *Envisaging a Social Prescribing Fund* <sup>2</sup> report set out a principle-led approach to unlocking long-term public and private investment in neighbourhood health via social prescribing. The fund intended to create a sustainable mechanism for resourcing community-led social prescribing activities and infrastructure, responding directly to structural barriers that limit their impact. The fund was shaped around the following core principles:

- 1 Long-term investment:** Addressing the limitations of short-term funding cycles by advocating for sustained investment that enables VCFSE organisations to build capacity and plan for the future.
- 2 Pooled funding model:** Encouraging a funding mechanism that pooled public, private and philanthropic funding to leverage resources as much as possible at the community level.
- 3 National reach with local leadership:** Ensuring a common, principle-led approach across England while encouraging local partnerships to tailor their approaches to the specific needs of their local area.
- 4 Empowering the VCFSE sector:** Directing sustainable, long-term funding into community organisations who are best placed to engage local people, tackle social determinants of health and health inequalities, and deliver locally rooted preventative solutions.
- 5 Performance and data-led:** Embedding a focus on data, evidence and outcomes to guide investment decisions, track impact in a transparent way for communities, and support local learning and improvement.

2. National Academy for Social Prescribing, 2024. *Envisaging a Social Prescribing Fund in England*. [online] Available at: <https://socialprescribingacademy.org.uk/media/wvnenhti/envisaging-a-social-prescribing-fund.pdf> [Accessed 10 July 2025].

# Introduction to the National Community Health & Wellbeing Fund

The National Community Health & Wellbeing Fund evolves and operationalises the original fund vision.

Since March 2025, NASP and Social Finance have worked closely with a vanguard of seven Early Adopter areas, as well as key experts and the sector more broadly, to evolve and operationalise this vision into the newly-named National Community Health & Wellbeing Fund. This new fund goes beyond social prescribing and is designed to enable the fundamental shifts towards neighbourhood health in the NHS 10 Year Health Plan. It aims to do the following:



**Create the infrastructure needed to pool and distribute public and private money**



**Give communities more control over what is delivered in their neighbourhoods**



**Enable community-led partnerships to lead the shift from hospital-based care to community-based support.**

# Supporting the NHS 10 Year Health Plan

The fund creates the conditions needed to advance the goals set out in the NHS 10 Year Health Plan

The **10 Year Health Plan for England**<sup>3</sup> sets a clear direction of shifting care from hospitals to neighbourhoods, with a stronger focus on prevention, local partnerships, and community-based support. It identifies civil society as a key partner in building neighbourhood health services that connect communities, the NHS, local government, and the VCFSE sector. This approach is reinforced by the **Civil Society Covenant**<sup>4</sup>, which outlines principles for stronger collaboration between government and VCFSE organisations.

However, there remains a lack of clarity within the plan on how to create the right conditions at a local level, and how to build lasting capacity within VCFSE organisations – particularly those led by and rooted in communities. If these organisations are to play a leading role in the shift they need long-term, sustainable investment focused on strengthening their reach and capacity.

The NCHWF offers a practical way to achieve this at scale – providing a mechanism for long-term, sustainable funding that reflects both local and national commitment to the transformational shift needed to deliver neighbourhood health services.



3. Department of Health and Social Care (2025). *Fit For The Future: 10 Year Health Plan for England*, 2025.[online] Available at: <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future> [Accessed 10 July 2025]

4. DCMS (2025). Civil Society Covenant - Summary of engagement findings [online] Available at: <https://www.gov.uk/government/publications/civil-society-covenant/civil-society-covenant-summary-of-engagement-findings> {Accessed 24 July 2025}

# Designing the National Community Health and Wellbeing Fund

# Design elements of the fund and considerations

We captured a wide range of stakeholder insight to inform the design of the fund

To shape the detailed design of the new fund, we interviewed 13 experts – including NHS leads, VCFSE representatives, and strategic advisors – and worked closely with the seven early adopter sites. There was strong support for a long-term national investment fund, seen as increasingly vital to delivering the 10 Year Health Plan. We distilled this insight into key design elements to guide development.

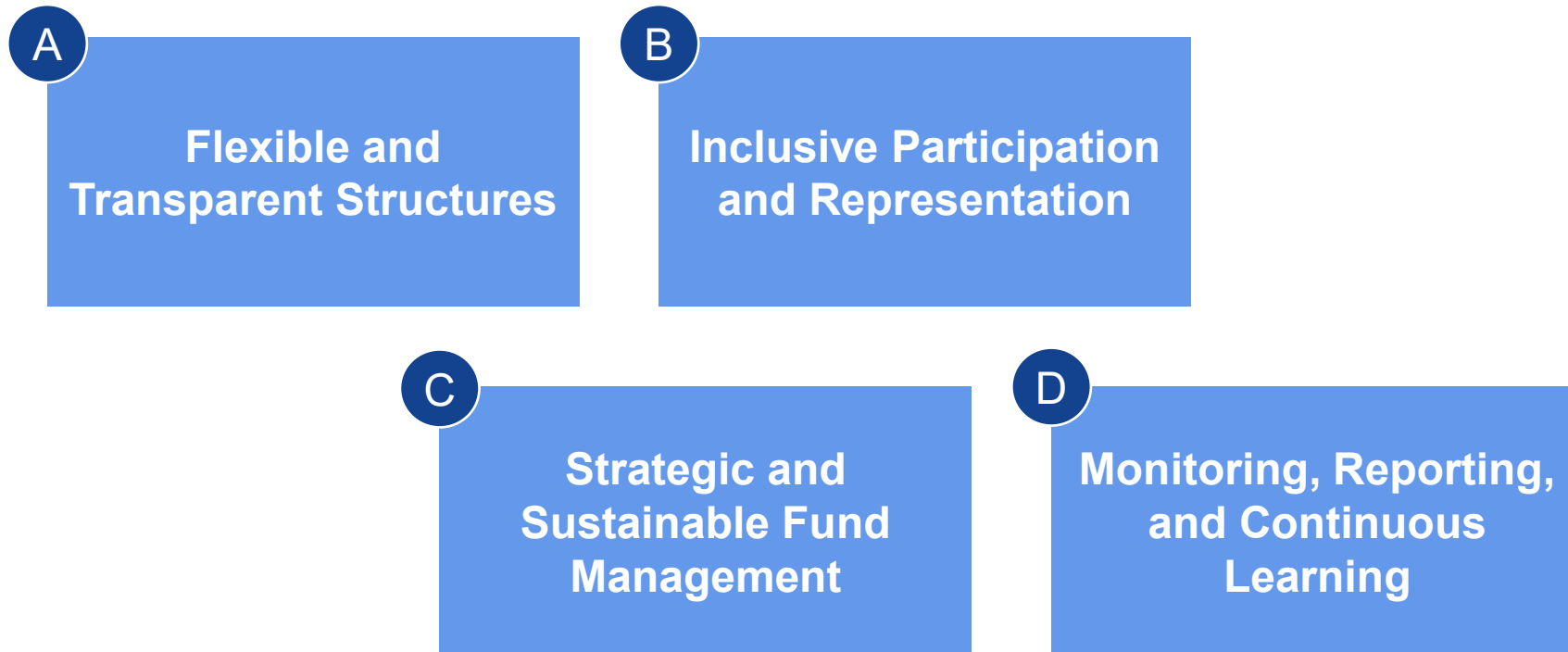
Design Element	Key Considerations
<b>1. Governance and Local Leadership</b>	<ul style="list-style-type: none"> <li>• Prioritise local leadership with light-touch, streamlined national oversight to ensure alignment with shared principles</li> <li>• Support flexible approaches to who holds the funding (statutory or non-statutory)</li> <li>• Ensure the dispersal of funding is delivered by strong, diverse local partnerships led by community voices</li> <li>• Ensure that community voice and involvement is adequately resourced</li> <li>• Avoid overly competitive bidding where possible; promote long-term collaboration towards shared goals.</li> </ul>
<b>2. Funding Flows and Financial models</b>	<ul style="list-style-type: none"> <li>• Allow flexibility regarding how local commissioners allocate local funding given statutory funding constraints</li> <li>• The national fund manager should proactively be working to unlock national private sector and philanthropic investment</li> <li>• Ensure clear return-on-investment narratives and relevant metrics</li> <li>• Provide capacity-building and on-going support for smaller VCFSE organisations – including simple reporting, flexible funding and tailored support</li> </ul>
<b>3. Data, Impact and Learning</b>	<ul style="list-style-type: none"> <li>• Keep data requirements 'light but meaningful' balancing an agreed set of standardised quantitative measures with qualitative data</li> <li>• Enable national coordination of data collection and impact measurement led by UCL</li> <li>• Prioritise learning that genuinely informs practice and demonstrates shared impact</li> </ul>

# Developing an assurance-based governance model (I/II)

We have developed a preliminary assurance-based governance framework which local areas would sign up to.

Stakeholders were clear that the governance model should not be overly prescriptive or top-down. This aligns with the NHS 10 Year Health Plan, which encourages locally designed and led approaches that reflect local needs and priorities. A flexible model will also allow different types of local delivery, helping the national fund manager to spot and share innovative practice so areas can learn from each other.

This assurance-based governance framework can be split into four discrete categories:



# Developing an assurance-based governance model (II/II)

We have developed a preliminary assurance-based governance framework which local areas would sign up to.

Further details on the preliminary assurance-based governance framework can be seen in Appendix 1. The overarching goal of the framework is to ensure that local partnerships:

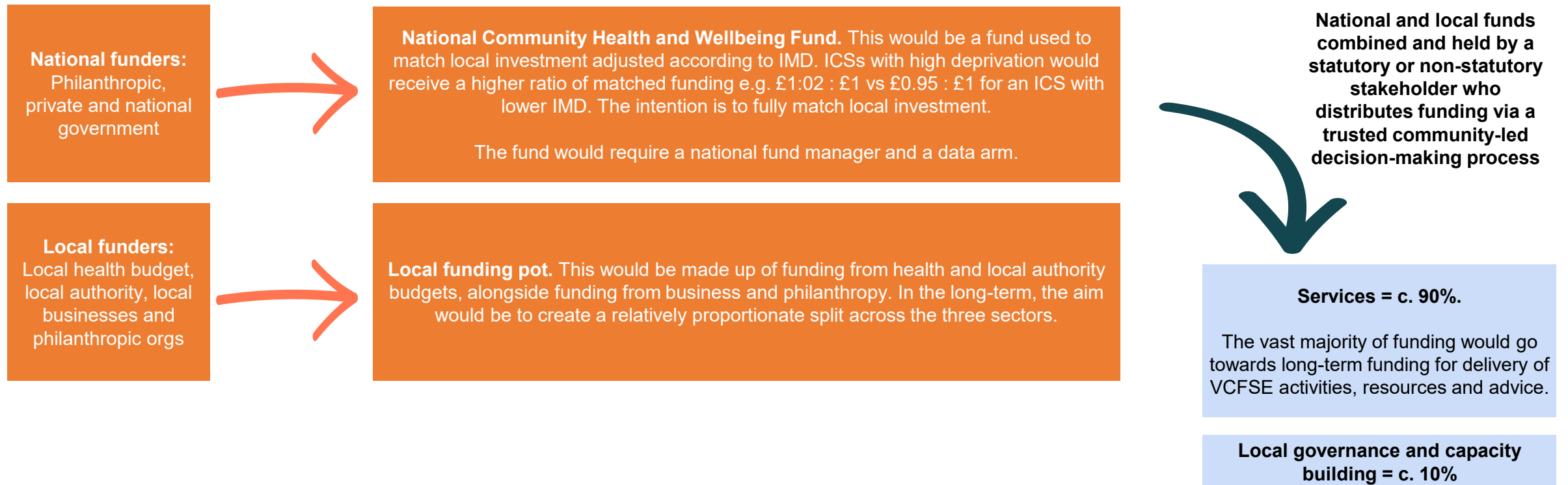
- Design and deliver services in ways that empower communities and builds long-term capability in delivery organisations.
- Co-develop and implement locally agreed investment priorities and delivery plans that reflect community needs.
- Support community organisations and groups to participate in and lead decision-making and service delivery.
- Build trusted relationships with residents, community leaders and organisations as the foundation for ongoing collaboration.
- Co-ordinate pooled funding from multiple sources in such a way that leverages money to maximise collective impact.
- Embed feedback and learning mechanisms to test, adapt, and scale approaches based on evidence of what works.

**The purpose of this is not to create a checklist that local partnerships will be punitively assessed against.** Rather, it is intended as a long-term set of standards for them to work towards, enabling the national fund manager to provide support or share best practice when patterns show that multiple local partnerships are struggling to meet a particular assurance.

# Detailing funding flows and allocations (I/III)

We have designed an overview of how funding should be expected to flow and be allocated

To provide additional clarity to prospective funders and the Early Adopters, we have laid out what we believe to be the flow of funding. Percentages and allocations require further robust analysis and are for illustrative purposes.



# Detailing funding flows and allocations (II/III)

We would expect around 10% of the total funding pot to go towards local governance and capacity building

The fund should ensure sustainability – both in terms of embedding community-led decision making into local governance and building the capacity of local VCFSEs. Approximately 10% of the funding should go explicitly to this.

## Local Governance

Local governance refers to the structures that enable meaningful community-led decision-making at a local level. To ensure these mechanisms are working as intended, resource must be committed to developing and sustaining them. Setting aside funding for local governance will ensure participants are fully reimbursed for their participation, incentivise participation and support organisational growth and ultimately improve the scale and quality of provision.

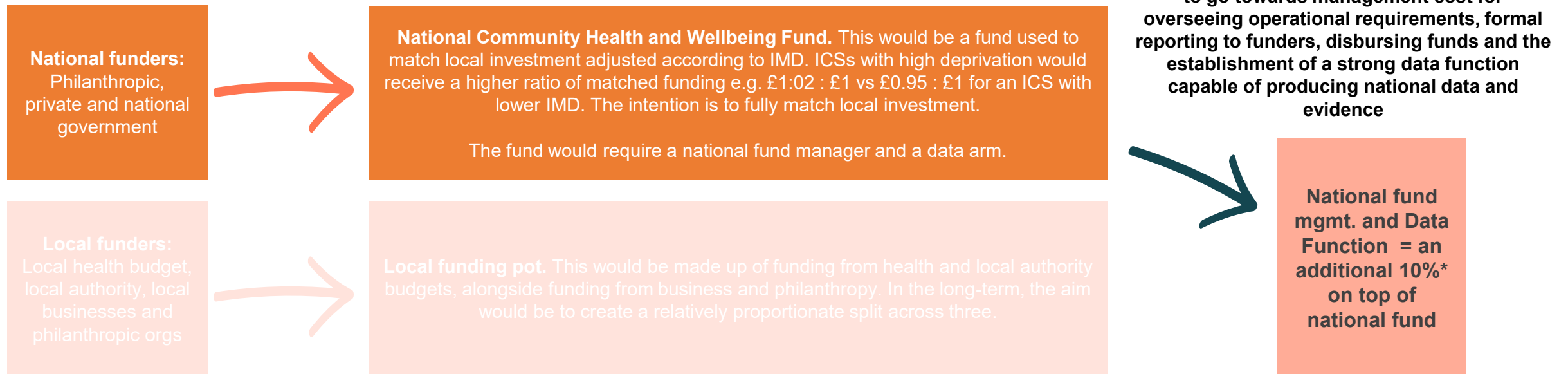
## Capacity Building

Neighbourhood Health depends on even the smallest VCFSE organisations being funded and supported to engage communities. These groups vary widely in size and capacity, and many often miss out on core funding or lack the infrastructure to access larger grants. Ringfencing part of the fund for capacity building would help these smaller organisations grow, build more sustainable infrastructure, and be able to work in partnership with the broader system.

# Detailing funding flows and allocations (III/III)

We have designed an overview of how funding should be expected to flow and be allocated

To provide additional clarity to prospective funders and the Early Adopters, we have laid out what we believe to be the prospective flow of funding. Percentages and allocations require further robust analysis and are for illustrative purposes.



*\*We would expect the percentage to fall as the fund scales*

# Developing data capacity to evidence impact

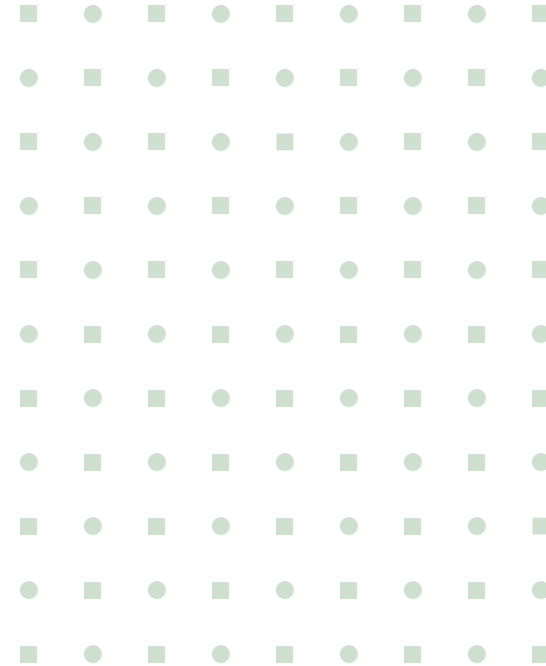
The National Centre for Social Prescribing Data and Analysis should underpin data analysis and evidence-building

NASP and UCL have recently partnered to establish the **National Centre for Social Prescribing Data and Analysis**, a key recommendation from NASP's 2023 report *The Future of Social Prescribing in England* <sup>5</sup>.

The Centre is well placed to provide the data expertise role within the National Community Health and Wellbeing Fund structure, contributing to evidence development and supporting ICSs to continuously learn and improve. For the initial phase of the work, the Centre would:

1. Gather data monitoring whether the mechanism of the fund is working as intended
2. Gather key insights into best-practice to inform long-term national roll-out
3. Lay the initial groundwork for rigorous evaluation in the national roll-out

Long-term, the Centre would work closely with ICSs and emerging neighbourhood health models to develop a plethora of evidence – including using existing national datasets both within and outside of health, new standardised datasets, and locally tailored quantitative and qualitative evidence.



5. National Academy for Social Prescribing, 2023. *The Future of Social Prescribing in England*. [online] Available at: <https://socialprescribingacademy.org.uk/media/oycbut5o/nasp-the-future-of-social-prescribing-report.pdf> [Accessed 10 July 2025].

# From “Early Adopters” to national scale

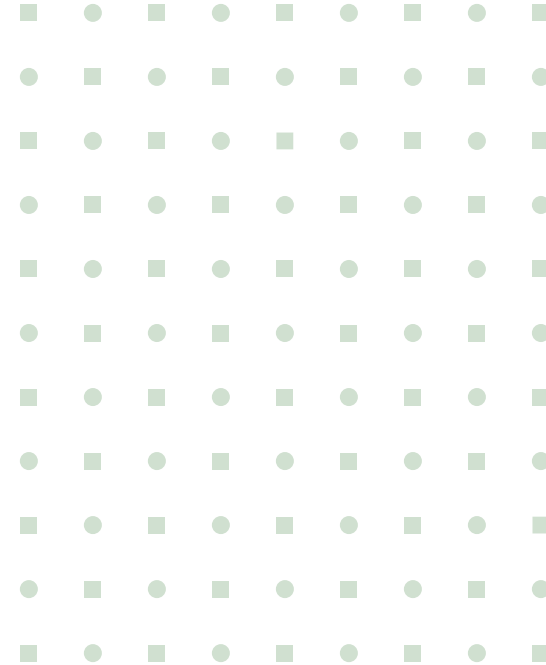
# Early Adopters are ready to deliver on the NCHWF

Local systems are prepared to launch and operationalise this fund once funding is in place

The Early Adopter sites are well positioned to move at pace once funding is confirmed. Across the seven we have seen strong local partnerships, delivery capability, and alignment with national priorities. With match funding in place, delivery could begin quickly, laying the groundwork for a wider rollout.

## *Progress made by the Early Adopters Sites*

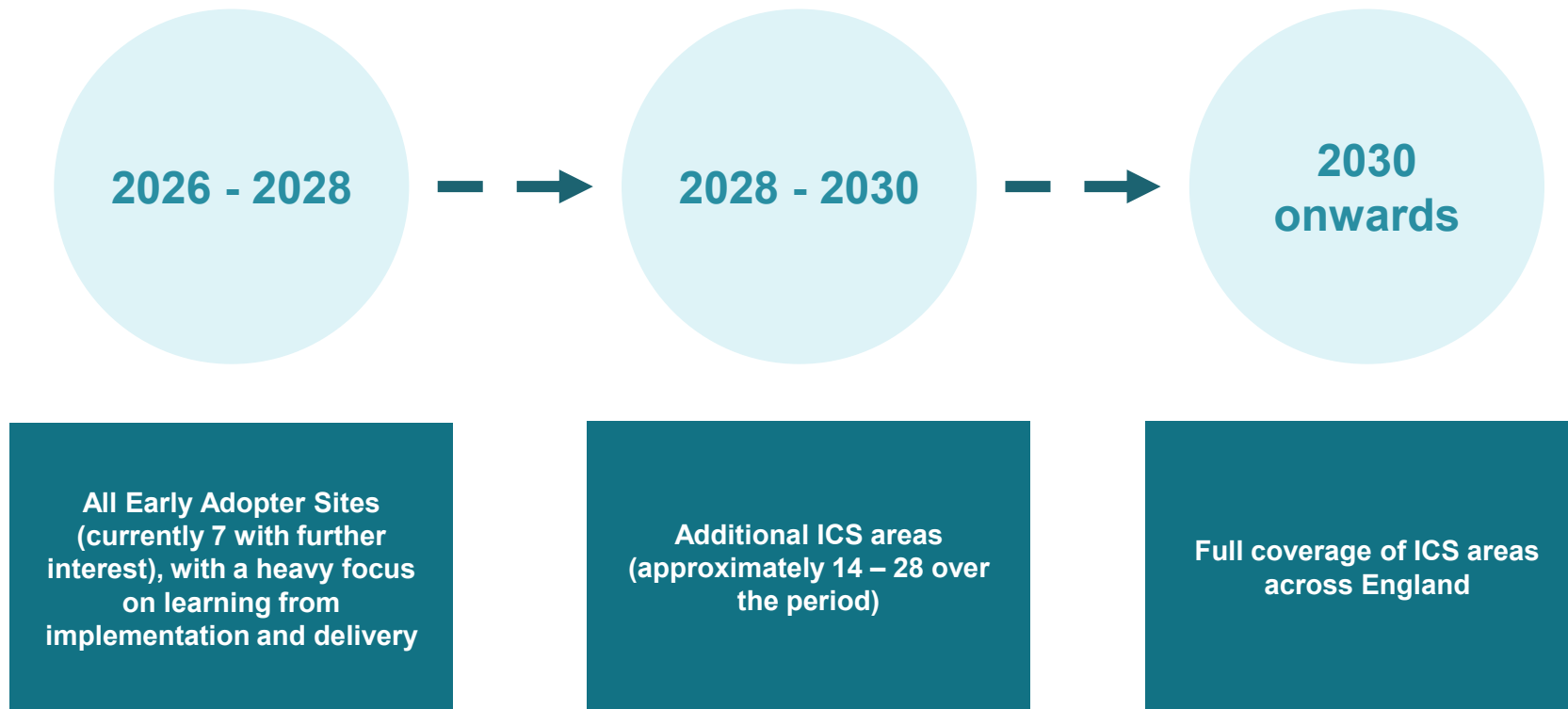
- Strong **executive buy-in** is in place across all participating systems.
- Some sites have already embedded the fund within their strategic plans at an ICS level.
- Across the sites, there is **strong support for VCFSE-led models**
- Early adopters are **confident in their ability to distribute funds equitably** across their geography.
- Most have identified, and in some cases confirmed, local organisations to hold and manage funds.
- Progress has been made towards securing local match funding, with **in-principle commitments already secured** in some regions.



# From Early Adopters to full coverage across England

Starting in 2026, we expect the fund to cover all of England by 2030

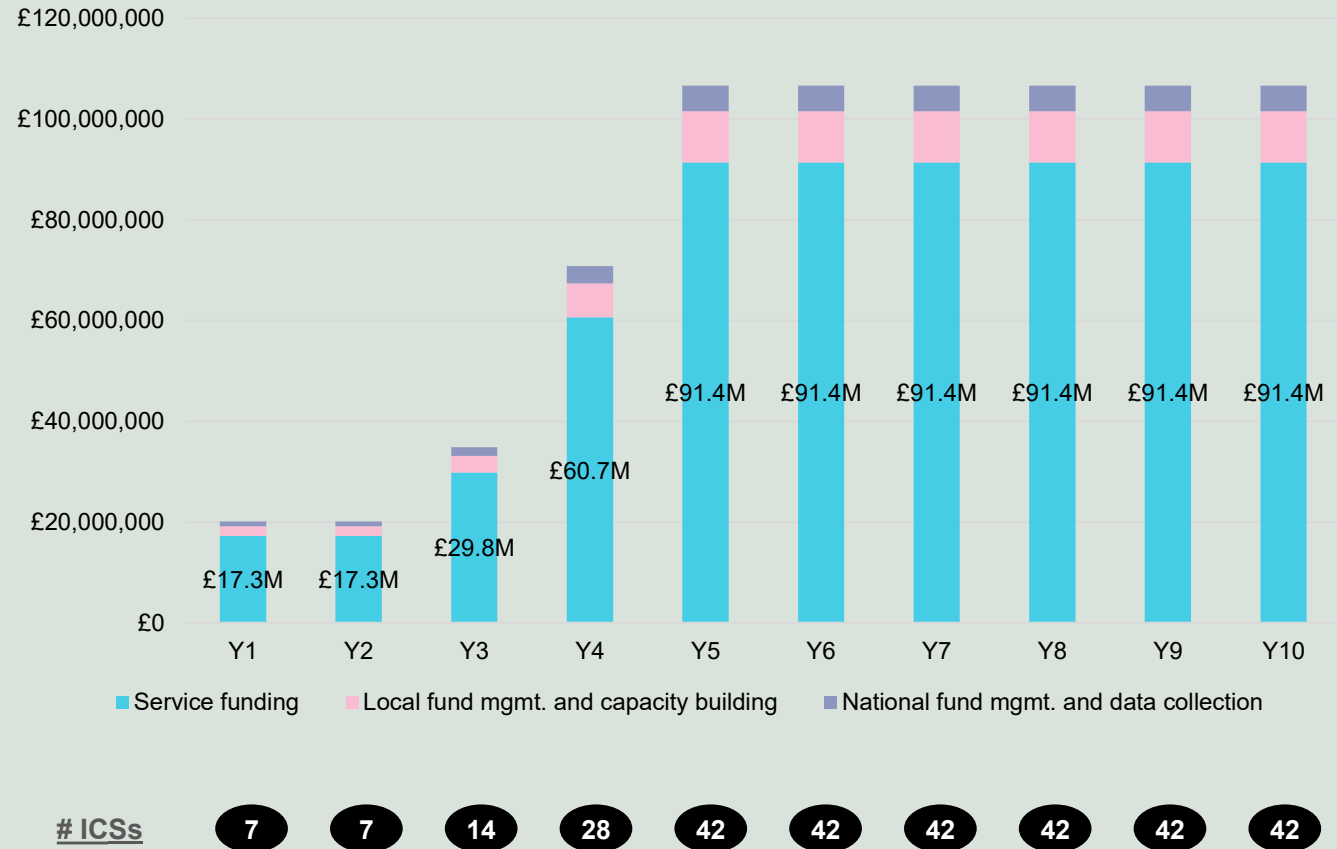
Our proposed timeline allows a period of testing with the Early Adopter sites, which would then scale with the intention of all ICS areas being engaged from 2030.



# Illustrative\* figures demonstrating how the fund could scale

Assuming a base matched funding rate of **90p** per capita – adjusted for deprivation levels across each ICS – total combined local and national investment going into local areas could scale from approximately **£19.2 million in 2026 to £101.5 million by 2030**.

The vast majority of this funding – **£91.4 million** – would be directed towards frontline services, as shown in the graph to the right. A fixed proportion would support local governance and capacity building, while a declining share of *additional* national funding – on top of the matched local investment – would cover national fund management and a dedicated data function.



\*These figures are illustrative and dependent on key variables, e.g. adjustments to the matched figure in relation to deprivation, the agreed % funding allocation towards services vs capacity building etc, agreed % decline in additional national funding and the size of the ICSs joining the fund each year.



# **Appendix 1: Preliminary Assurance-based governance model**



# Flexible and transparent structures developed locally to suit dynamic contexts...



- The local governance group is structured to promote inclusive, balanced decision-making, including by actively supporting and valuing diverse community voices. The group should include (non-exhaustive) diverse representation from across communities, the VCSE sector and statutory partners ensuring that decisions reflect a broad range of perspectives and local realities.
- Where possible, the membership and roles within all forums responsible for fund management and service delivery should be published publicly to promote transparency, accountability, and trust.
- Decision making mechanisms should be designed so as to ensure that all voices are meaningfully reflected in key decisions. Whether traditional voting rules are deployed or more innovative group decision making approaches are developed, no single party or interest group should be able to dominate decision making processes.
- Local funds should explore, where appropriate, the possibility of developing and deploying novel community-led decision-making models – such as a participatory grantmaking and provide updates on the learnings of these approaches to encourage scaling of good practice.

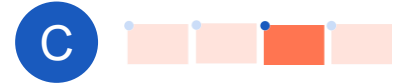
# Inclusive participation and representation to ensure communities are deeply involved in decision making



- Governance arrangements should be regularly reviewed at the local level to ensure they remain appropriate and effective. Given the long-term nature of the fund, it is expected that both local contexts and activities will evolve over time. Therefore, a flexible and adaptive approach to governance and operations is essential to respond to changing needs and priorities.
- Local funds should develop and publish clear policies or guidance for identifying, managing, and resolving potential conflicts of interest. This is especially important where decision-makers may also be involved in service delivery, ensuring transparency, accountability, and trust in the governance process.
- Local funds should identify and resource key delivery roles from the outset – and ensure they are sustained over time – to support effective local fund management. These roles may include, for example, a secretariat (to coordinate governance), a programme lead (to oversee strategic delivery), and a fund administrator (to manage financial oversight). In particular, community engagement and involvement should be adequately resourced to avoid barriers to participation.



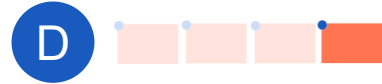
# Strategic and sustainable fund management to maximise impact over the long term...



- Local funds should aim to establish multi-year funding agreements wherever possible, providing greater stability for providers and partners and enabling more sustained, meaningful outcomes for beneficiaries.
- Local funds should co-design and publish a disbursement framework tailored to their local context and objectives. This framework should outline key elements such as timelines, eligibility criteria, decision-making processes, and due diligence standards. Wherever appropriate, this should be developed in collaboration with VCSE and community stakeholders to ensure funding is accessible.
- More broadly, local funds should aim to make the funding pathways as accessible and streamlined as possible. Many community organisations will be unable to commit to long funding applications due to the resource required – and so funds should prioritise accessibility and reach.
- Local funds should actively support capacity-building for smaller or under-resourced VCSE organisations. This should include allocating a significant portion of their budgets to provide training, mentoring, and application support, with the scope of this being guided by those same organisations.



# Monitoring, reporting and continuous learning to develop insights, demonstrate value and drive scale...



- Local funds should provide regular updates to the national fund manager and data centre regarding how they are implementing and dispersing the fund locally to contribute to a national understanding of best practice.
- Local funds should provide updates on the outcomes and impact of funded activities. This should include quantitative and qualitative data, and should be inclusive of standardised data that can be used to inform the national picture with regards to impact.
- Local funds should provide regular updates specifically on the equity of access and utilisation of funded services in order to provide insights (centrally and locally) on progress towards the shared objective of ensuring people with the highest need are accessing services.

