
Introduction to the National Community Health & Wellbeing Fund: Executive Summary

Overview

In December 2024 the National Academy for Social Prescribing (NASP) published *Envisaging a Social Prescribing Fund*¹, setting out a principle-led approach to unlocking long-term public and private investment in neighbourhood health through social prescribing. The proposed fund aimed to create a sustainable mechanism for resourcing community-led social prescribing activities and infrastructure, directly addressing the structural barriers that limit their impact.

Since March 2025, NASP and Social Finance have worked closely with a vanguard of seven “Early Adopter” sites, alongside sector experts and wider stakeholders, to evolve and operationalise this vision. The result is the re-designed and re-named **National Community Health & Wellbeing Fund (NCHWF)**.

This new fund goes beyond social prescribing. It is designed to support the ambitions of the **10 Year Health Plan**, which sets a clear direction for shifting care from hospitals into communities, with a stronger focus on prevention, local partnerships, and community-based support. The plan recognises the role of civil society in building neighbourhood health services that connect communities, the NHS, local government, and the VCFSE sector – a commitment reinforced by the **Civil Society Covenant**.

However, while the policy direction is clear, there remains a lack of clarity on how to create the right local conditions for this shift, and how to build lasting capacity within VCFSE organisations – particularly those led by and rooted in communities. These organisations need long-term, sustainable investment to strengthen their reach and capacity if they are to play a leading role in neighbourhood health.

The NCHWF offers a practical route to achieving this ambition at scale. It is designed to:

- Create the financial and governance infrastructure needed to pool and distribute public and private investment;
- Give communities more power and control over what is delivered in their neighbourhoods;
- Enable community-led partnerships to lead the shift from hospital-based care to community-based support.

Designing the fund

This paper outlines the key components of the National Community Health & Wellbeing Fund and how it can be scaled from an initial group of Early Adopter sites to a full national rollout across England. Through extensive engagement with sector experts – including NHS leads, VCFSE representatives, and strategic advisors – and the Early Adopter sites we have developed a blueprint

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].

for the fund. There is strong sector-wide support for a neighbourhood-powered, long-term national investment fund, which is increasingly seen as essential to delivering the ambitions of the NHS 10 Year Health Plan.

An Assurance-Based Governance Framework

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. We have therefore developed a preliminary assurance-based governance framework. The purpose of this is not to create a checklist that ICSs will be punitively assessed against. Rather, it is intended as a long-term set of standards for ICSs to work towards, enabling the national fund manager to provide support or share best practice when patterns show that multiple ICSs are struggling to meet a particular assurance. This assurance-based governance framework is split into four discrete categories:

1. Flexible and Transparent Structures
2. Inclusive Participation and Representation
3. Strategic and Sustainable Fund Management
4. Monitoring, Reporting, and Continuous Learning

Funding Mechanisms and Allocations

We have developed an initial framework outlining how funding will flow and be leveraged. The national fund will match local investment, with the match ratio adjusted based on levels of deprivation – ensuring more support for areas with greater need. Local contributions are expected to come from a mix of health budgets, local authorities, businesses, and philanthropic sources.

Approximately 90% of the total funding will be directed towards service delivery. The remaining 10% will support the development of local governance structures that promote equitable, community-led decision-making, as well as capacity building to strengthen skills, resilience, and sustainability within local organisations.

A streamlined national management function and a dedicated data and evidence centre will also receive dedicated resources. These functions will be supported by a separate (additional) national-level management allocation, equivalent to around 10% of the national fund.

National Data Analysis and Evidence Gathering

NASP has recently partnered with **UCL** to establish the **National Centre for Social Prescribing Data and Analysis**. 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 ICPs to continuously learn and improve. The Centre would:

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

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

Scaling the fund

We have developed a scale up plan expanding from the initial seven Early Adopter sites to full national coverage in a deliberate, phased way designed to ensure success, sustainability, and system alignment. By working with seven ICSs in 2026 and 2027 time and resources will be invested to ensure the best possible tailored and locally appropriate approaches whilst learning and documenting best practice. This will create a strong foundation of evidence, build capacity and allow the co-design of tools and processes that can be replicated and deployed more widely. Adding seven more areas in 2028 and a further 14 areas in 2029 enables regional momentum and cross-system learning, preparing the ground for a full national roll-out by 2030. This pathway ensures all 42 ICSs are covered by 2030, with the intention to sustain and evolve the model through to at least 2035, embedding long-term investment in neighbourhood health and the VCSFE sector across England.