



Pride in Place Chairs' Summit: Health & Wellbeing

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11th September 2026

Pride in Place Chairs' Summit: Health & Wellbeing

Time	Activity
10:55	Welcome and introductions
11:00	Improving neighbourhood health and wellbeing - Context - Learning - Emerging principles
11:20	Q&A and Discussion
11:45	Close

Objectives

1. **Explore** the role of community-level action at the intersection of civil society, communities, health and local government.
2. **Learn** from examples across health and civil society that tackle health inequalities, strengthen social connections and create healthier places to live, work and thrive.
3. **Identify** key themes emerging from these examples and consider what they mean for PiPP chairs and boards.

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Context



“People are living too long in ill health, the gap in healthy life expectancy between rich and poor is growing and nearly 1 in 5 children leave primary school with obesity. Our overall goal is to halve the gap in healthy life expectancy between the richest and poorest regions, while increasing it for everyone, and to raise the healthiest generation of children ever. This will boost our health, but also ensure the future sustainability of the NHS and support economic growth.

We will achieve our goals by harnessing a huge cross-societal energy on prevention. We will work with businesses, employers, investors, local authorities and mayors to create a healthier country together.”

Policy paper

Rewiring the State – Cabinet Statement

This publication sets out this government's plan to fundamentally rewire the state by shifting power, funding and accountability from Whitehall to local leaders

“The way the country is governed is not delivering for people and the places where they live: most decisions are too centralised; those advising on and taking them are too distant from the people they will affect; this impairs the ability to join up and integrate services at a local level; and, as a result, places have the wrong choices imposed on them, rather than being able to make the right choices for themselves.

The public deserves better – better policies that support better outcomes and are better connected to the places people live.”

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Consistency: the ability to access high-quality services and support wherever we live

Personalisation: recognising the needs and starting points of individuals and communities are as varied as they are

Left Shift: shifting resources towards prevention, early intervention, and care closer to home

Inequality: those areas with the greatest challenges often have the least social infrastructure

Devolution: ensuring decisions are made as close to / by the people they relate to as possible

Accountability: for public services, spend and outcomes at national, regional, system, place and provider level

Growing demand, limited resources: impacting across all sectors inc. civil society

"Not many people I know think they live in a neighbourhood of 50,000 people"

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Bridging the gap



“To move towards a genuinely preventative model of care, the health service will need to change how power and resources are distributed.

That means giving neighbourhoods the tools and resources they need to support citizens to take a proactive approach to their own health. It is at the neighbourhood level that most of the social, economic and medical conditions of good health are to be found and where the most effective interventions can be made.”

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The role of community power

Successful models of community-led improvements in health and wellbeing vary. They reflect different local circumstances, starting points and needs. But there are common features:

- *Neighbourhoods that reflect how people understand their own area.*
- *Bringing people together for a common purpose.*
- *Careful listening and wide involvement.*
- *Investment of time and energy in connecting people to each other.*
- *A range of different activities – often small-scale, to meet particular needs.*
- *An asset-led approach, including local schools, businesses and others.*
- *Mutual support to and from local primary care and other public services.*
- *New forms of accountability – facilitating change, not prescribing it.*
- *The presence of key enablers, including physical and mental space within which to innovate.*
- *Funders prepared to trust with both light-touch and long-term support.*

Community power in these places is not just about individuals and organisations but building powerful communities that have real agency in determining outcomes where they live.

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Exploring examples

Community-led approaches are not new.

What is changing is the ambition to mobilise them at scale and pace. Programmes such as the National Neighbourhood Health Implementation Programme (NNHIP) have increased this focus within the health community.

Wexham Wellbeing Hub

a partnership involving Primary Care, VIVA Slough Community Interest Company, Voluntary & Community Sector Partners and Slough Borough Council

Community assess and support days

accessible health checks, wellbeing advice, social support and lifestyle services in Surrey Downs

Asian Women's Wellness Hub and the African Community in Surrey and Sussex (ACISS)

social activities, community events and peer support developed with communities in Surrey and Sussex, supported by Growing Health Together

The PPL Hub

a free space for charities and community members to come together, collaborate and take action

Growing Health Together: Advice for future community leaders



[Advice for Future Community Leaders](#)

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Wexham Wellbeing Hub: measurable impact



Primary Care, VIVA Slough, VCSE partners and Slough Borough Council bring accessible activity and health support into a familiar community setting.

Why it works:

- Targeted outreach • Accessible activity
- Trusted local setting • Relationship-based support

Reach and resident outcomes:

207 different people attended during the first 6 weeks

93% reported improved mobility or balance

76% reported feeling less lonely or socially isolated

Resident outcomes combine positive response categories from feedback provided by 75 respondents.

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Common success criteria?

01 Trusted relationships

between organisations, organisations and communities and within communities themselves

02 Local knowledge

co-designing solutions which build on lived experience, local knowledge and expertise

03 Shared vision

co-designing solutions which build on lived experience, local knowledge and expertise

04 Accessible spaces

building on what exists already, the places where people naturally meet, connect and access support

05 Supporting enablers

including shared governance, systems, data, and funding arrangements to scale and sustain change

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Discussion

1. Do these themes resonate with your own experiences?

2. What more can we do, individually and collectively, to tackle health inequality, strengthen social connection, and create healthier places?

3. What are the key messages we want to take out of this room?

Thank you!



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