

What does the Neighbourhood Health Service look like for rural areas?

24th September 2025 Virtual Roundtable Write Up


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Summary

This roundtable, hosted by PPL and NAPC, brought together colleagues from across the country, all working directly with rural communities, to share experiences and initiatives. The discussion focused on what it takes to deliver neighbourhood health services in rural areas compared to urban settings. While the group agreed that the core principles of delivery remain the same, they highlighted how rural practice must adapt to unique challenges – such as limited transport, dispersed populations, and the resulting pressures on infrastructure and workforce. Participants shared practical solutions from their own areas and what consistently surfaced is that success depends on tailoring approaches to local populations, making creative use of every community asset, and fostering strong multi-agency collaboration.

What’s working well and where are the challenges

Attendees curated the discussion by sharing what’s working well in their areas and where they are hitting challenges. The group reflected that the themes were consistent across attendees and many applied to implementing a neighbourhood model in both rural and urban areas.

 Working well	 Challenges
<ul style="list-style-type: none"> • Trusted collaboration across organisations and teams • Community engagement • Strength and dynamism of VCSE partners • Policy recognising different challenges for rural areas 	<ul style="list-style-type: none"> • Policy and guidance • Accessibility of transport for residents and staff • Governance, contracting and finance • Leadership models • Digital • Communication between organisations and communities • Understanding the hidden populations • Shifting to prevention in reality

Key takeaways



Transport and access – sparse public transport and long travel times are a consistent and dominant constraint for rural areas which have to shape the design of services and how residents access a neighbourhood model. This is a challenge for staff as well as residents and makes recruitment and retention harder in rural footprints. This may mean that initiatives such as the neighbourhood health hub set out in the 10 Year Health Plan will need be considered more creatively in rural areas. Ipswich and East Suffolk shared the success of their **Be Well Bus**, a mobile clinic used by health, social care and community services to reach communities at locations convenient to them.



National policy – there’s a risk of stifling local creativity with policy and guidance that is too prescriptive. Rural neighbourhood teams should focus on ensuring this shift is genuinely multi-agency and not NHS centric as well as considering resources and assets across communities creatively, for example considering all community spaces and what skills can be brought together in a “carousel” clinic to serve the population best.



Digital – Digital literacy and inconsistent connectivity is a significant challenge within rural areas meaning in many circumstances face to face can’t be replaced. This is another example where rural areas may need to think creatively about how to design neighbourhood services in response to national guidance.



Population visibility – routine stratification methods often miss vulnerable populations which means that the intelligence of staff and communities residents recognise is crucial to designing neighbourhoods that have the desired impact. BANES shared their **Well Farmers for Wiltshire** pilot that focused on introducing preventative interventions for farming communities in venues familiar for them, drawing on VCSE organisations that were trusted by the community to identify the true needs of the community.

Shared knowledge

Attendees agreed that coming together to share challenges, opportunities and learning with colleagues from across the country was hugely valuable. Participants offered to share practical materials such as case studies, literature reviews, neighbourhood teams’ maturity matrices and intervention evaluation reports.

PPL offered to share the materials they had referenced, including the [London Neighbourhood Target Operating Model](#) and [Neighbourhood Simulation report](#).