ARMA Arthritis and Musculoskeletal Alliance

# Our vision for neighbourhood health

# Neighbourhood health

## Introduction

We welcome the Government's emphasis on neighbourhood health in the 10 Year Plan for Health in England[1] and the investment in the first wave of neighbourhoods.

We believe neighbourhood musculoskeletal (MSK) health must be neighbourhood led. Communities must shape the design, delivery and governance of services.

This paper is **not** a blueprint but offers some ideas to prompt debate. It sets out how neighbourhood health systems can be at the heart of creating the conditions for good MSK health for everyone, everywhere.

We also intend to collate real world examples to act as inspiration. We invite you to contact us at **projects@arma.uk.net** with case studies that show how theory can become reality.

**Neighbourhood health is about care rooted in our communities, close to where people live and work. It starts and ends with listening to, and involving, local people, recognising their insight and lived experience. It also draws on all community assets. In this way we can provide early, joined up help that prevents problems, reduces pain, and keeps people active, independent, and connected in their daily lives.**

**Adrian Bradley**
**Chief Executive**
**ARMA**

# From treatment to health creation

Analysis by the Nuffield Trust in 2025[2] highlights that community MSK services now account for almost half of all adult community waiting lists, with significant variation in access between areas. These pressures risk undermining the shift towards neighbourhood care unless community capacity is strengthened. This is essential to reducing backlogs, improving equity, and realising the ambitions of the 10 Year Plan.

The Health Creation Alliance's 2024 Manifesto[3] sets out a powerful vision for shifting the health system's focus from treatment of illness to creation of health. It calls for a whole system approach that builds capability, connection, and control within communities, tackling the social, economic, and environmental factors that shape health. ARMA endorses this approach.

Our vision for neighbourhood health goes far beyond the NHS. The NHS is, of course, a vital part of people's lives and a cornerstone of care, but health is not created in hospitals or clinics alone. It is shaped in the places we live, work and connect, in our homes, schools, workplaces, parks, and communities.

Wellbeing depends as much on the social, economic, and environmental conditions around us as it does on clinical services.

# The case for a neighbourhood approach

**High prevalence and impact**

MSK conditions are the leading cause of pain, disability, and work loss in the UK.[4] Tackling them locally offers significant gains for individual wellbeing, economic productivity, and community resilience.

**Health creation is local**

Health creation begins where people live, study, work, and connect. Staying active, maintaining healthy weight, adapting workplaces, creating understanding in education settings and addressing social isolation all depend on neighbourhood level collaboration.

**Early intervention prevents escalation**

Quick access to assessment, therapy, and community support can prevent acute problems becoming chronic, reducing the long term burden on individuals and the NHS.

**Integration matters**

People with MSK conditions very often experience other long term conditions such as diabetes, cardiovascular disease or depression. A neighbourhood approach enables coordinated, person-centred support close to home.

**Tackling inequalities**

MSK health is shaped by the places we live and work. Neighbourhood level co-production can identify and address the social and structural determinants of health inequities.

# Our vision

ARMA's vision is for every neighbourhood to create and sustain the conditions for good MSK health for everyone, everywhere. That means shifting our mindset from the NHS delivering care to communities creating health. It means seeing health as a shared endeavour, one built through collaboration, trust, and listening to what matters most to people.

Everyone should have access to early, joined up, community based support for their MSK health, empowering people to live active, independent, and fulfilling lives.

We need teams of teams with GPs, nurses, Allied Health Professionals, chiropractors, pharmacists, social prescribers, sports therapists, mental health and social care professionals, community groups and the wider public working together to create truly holistic care.

Each neighbourhood should shape its MSK service around its people, assets, and priorities. One size will not fit all, and every community needs a model designed around its own strengths and needs.

This vision is not just about what neighbourhood MSK services might *look* like, but how they could *feel* and what they should *achieve*: care built with communities, governed by trust, and focused on helping everyone move well, live well, and stay well.

Our vision includes the following ideas for local communities to consider.

1. **Health creation and prevention**

- A whole system planning approach to housing, transport, urban design, education and employment.
- Investment in health creating infrastructure such as community hubs, active travel routes, accessible exercise facilities, and digital inclusion.
- Universal access to community assets and groups that promote physical activity, creativity, purpose and social connection.
- Services built on neighbourhood assets (community hubs, social enterprises, peer led networks) to strengthen social connection, belonging and purpose.
- Community campaigns on physical activity, healthy weight, workplace ergonomics, and managing pain.
- Opportunistic screening for joint pain, bone health, falls risk, or reduced mobility in primary care, pharmacy, and community venues.
- Proactive detection of fracture risk and timely intervention via Fracture Liaison Services.

2. **Accessible first contact**

- "What matters to you?"[5] principles guiding every contact.
- First Contact Practitioners appropriately trained in MSK and pain care and embedded in GP practices for rapid assessment and triage.
- Digital self-assessment tools and telephone advice lines offering informed choice and reassurance.
- Seamless referral pathways to assessment, imaging, treatment, pain management, and specialist services.

- An emphasis on waiting well and support for physical activity during the waiting period.
- Accessible locations, extended hours, mobile clinics, and outreach to underserved groups.
- Neighbourhood teams monitoring and publishing waiting times for first MSK contact to ensure transparency and reduce unwarranted variation between areas.

### 3. Rehabilitation

- Teams operating from easy to reach community settings where patients can get assessments, diagnostics, treatment planning and therapy in one place, reducing the need for hospital referrals.
- Group based programmes for back pain, osteoarthritis, and persistent pain combining physical rehabilitation with peer support.
- Wider use of local practitioners in the independent and voluntary sector working alongside the NHS.
- Partnerships between the NHS, local authorities and VCSE organisations to maintain participation and social connection beyond clinical discharge.
- Integrated psychological and vocational rehabilitation, workplace adjustments, and links with employers and employment support services.
- Strong links and two way referral routes between secondary care and neighbourhood support to ensure the right care, at the right time, in the right place.

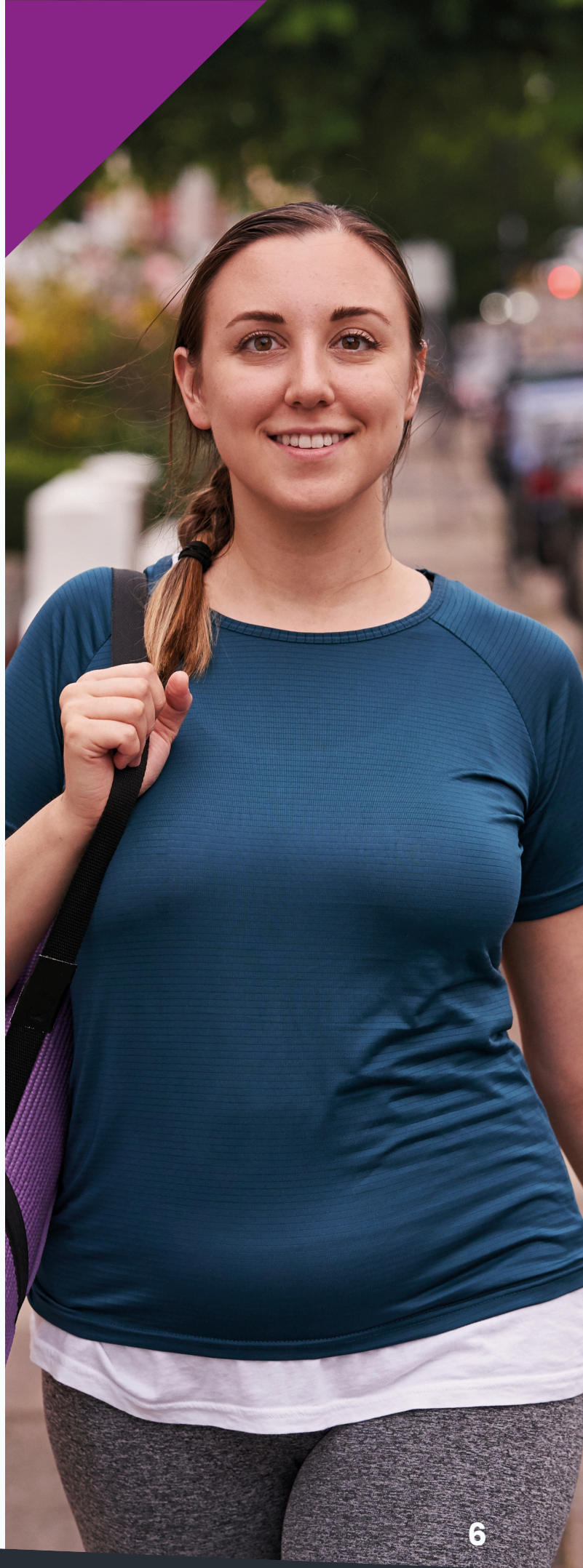
### 4. Self-management and peer support

- Community education on living well with MSK conditions, pain pacing, and physical activity.
- Peer led networks and local champions sharing lived experience to motivate and empower others, serving not just as support groups but co-designers of services.
- Signposting to local VCSE support and to the guidance and support offered by national specialist charities such as helplines, websites, written guides and peer support networks.
- Digital tools providing guided exercise, goal tracking, and educational material.
- Social prescribing to connect people to local activities, groups, and support.

### 5. Integrated services

- Community led collaboration to create active, age friendly communities.
- Collaboration to create active education settings and workplaces.

- VCSE organisations embedded in neighbourhood MSK governance, service design and evaluation, not only as delivery partners but as co-owners of the system.
- Joined up care across general practice, therapy, mental health, and social care.
- Specialist pain services for people with high impact chronic MSK pain bringing together physicians, nurses, physiotherapists, psychologists and occupational therapists to provide 1-1 therapy or group based pain management.
- Support for young people living with MSK conditions in school and the community.
- Inclusion of MSK outcomes in care plans for people with multi morbidity.
- Integration with weight management services and information. Integrated dietitians and lifestyle coaches offering personalised plans addressing obesity, nutrition, and physical activity.
- Integration with falls prevention, frailty, and long term condition programmes.
- Collaboration with leisure facilities, sports clubs and physical activity enablers.
- Patients with complex or chronic MSK conditions have a named care coordinator who helps navigate services.
- Integrated support for people to remain in or return to education and employment. The Get Britain Working white paper[6] and WorkWell[7] pilots provide ideas for how neighbourhood working can bring to this to life.
- Neighbourhood MSK teams participating in system wide learning networks, sharing insight and spreading effective approaches regionally and nationally.



### 6. Equity and inclusion

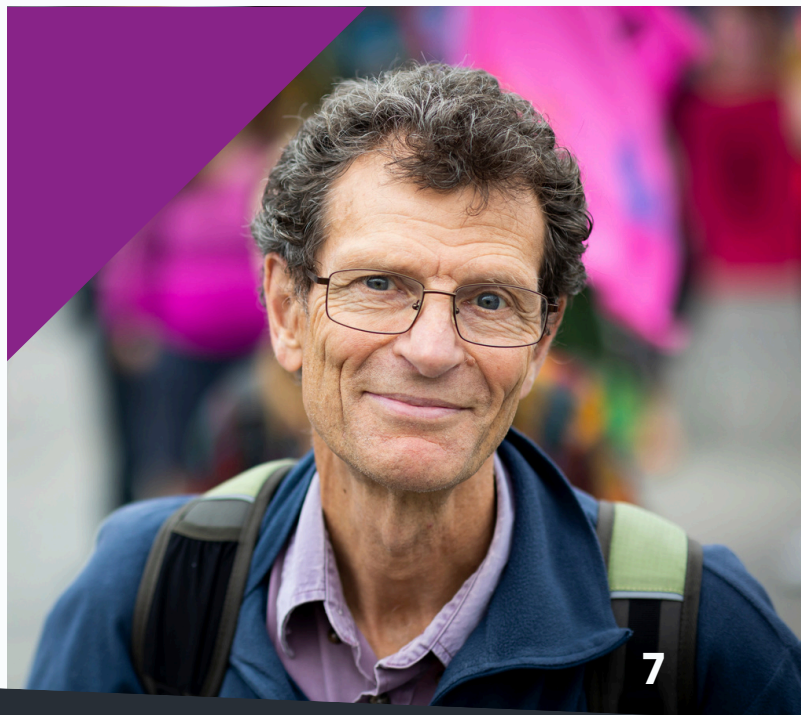
- Co-production of services with representation from underserved groups.
- Community leadership boards (with VCSE and lived experience members) shaping local priorities, resource allocation and evaluation.
- Strategies to address structural barriers including transport access, housing quality, digital exclusion, and employment conditions.
- Workforce recruitment reflecting local demographics and diversity.
- Training in cultural competence and health inequalities.
- Extended hours, flexible appointments, drop in services and mobile clinics to increase access for people who work irregular hours, are in full time education or face transport challenges.
- Targeted outreach to groups with lowest service use and highest need.
- All communications are accessible and, where appropriate, translated into other commonly used languages.
- All communications are available in plain English and relatable to people with low levels of health literacy.

### 7. Workforce and culture

- Training for all neighbourhood health team members in common MSK problems, behaviour change, motivational interviewing, trauma informed practice, and health creation principles.
- Development of local MSK champions to drive continuous improvement and share best practice.
- A shift in workforce culture from fixing illness to creating health, recognising every interaction as an opportunity to build capability, connection, and control.
- Collaborative leadership development across NHS, local government, independent and VCSE sectors.
- Workforce planning to address the shortfall in community MSK capacity ensuring sufficient therapy, diagnostics, and rehabilitation provision to meet neighbourhood demand.
- Team members with local knowledge and connections.

### 8. Measuring what matters

- Use of patient reported outcome measures (PROMs)[8], experience measures (PREMs)[9], and qualitative feedback to drive improvement.
- Measures such as pain, mobility, function, physical activity, medicine use, employment and school attendance.
- An emphasis on wellbeing and life satisfaction.



- Outcome measures aligned with the Health Creation Framework:
  - Capability (people's confidence to manage their health)
  - Connection (social participation and peer support)
  - Control (individual involvement in decisions and goals).
- Routine publication of neighbourhood level MSK access and waiting time data to support accountability and drive improvement across Integrated Care Systems.

**9. Sustainable funding**

- Long term commissioning contracts providing predictable funding for MSK services as a core component of neighbourhood health hubs and Integrated Care Systems.
- Contracts, data flows and technology structured to support local decision making, community accountability and continuous learning.

- Integrated budgets across health, social care, and local government enabling flexibility and innovation.
- Investment in VCSE partners as equal contributors to health creation, not peripheral bystanders, enabling them to lead and sustain neighbourhood MSK health creation, alongside clinical service providers.

**10. Digital inclusion and innovation**

- Remote consultations and virtual group sessions (for those who prefer them) reducing barriers to access.
- Apps and digital platforms supporting personalised rehabilitation and self-management.
- Shared care records supporting multidisciplinary collaboration, and access to these from Accident and & Emergency or out of hours services to ensure issues occurring over the weekend/bank holidays are handled appropriately.
- Patients and parents/carers of patients managing their care plans, accessing rehabilitation resources, and communicating with healthcare providers digitally and conveniently.
- Digital literacy and access initiatives to ensure inclusion for all population groups.

## The need for better data

While valuable data exists at Integrated Care Board and local authority level, insight into MSK health at neighbourhood level is fragmented and underdeveloped. Monitoring MSK health should be a shared responsibility.

ARMA calls for joint monitoring by Primary Care Networks, community providers and VCSE partners, combining clinical outcomes with measures of capability, connection and control, so that what is measured truly reflects what really matters.

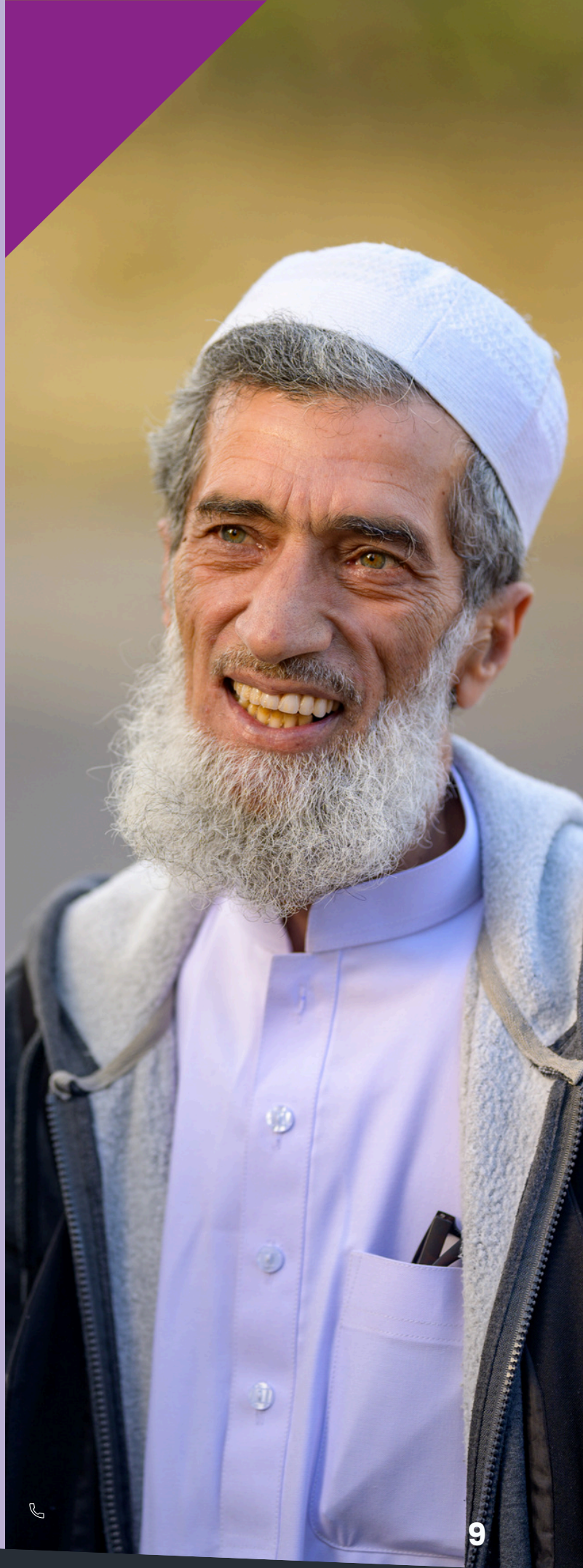
## Conclusion

Neighbourhood health services represent a transformational opportunity for the NHS and its partners to move from treating disease to creating health.

Musculoskeletal health, so central to people's ability to live, move and participate, offers a powerful test case for this shift. By embedding MSK health creation within neighbourhood systems, we can improve lives, reduce pressure on hospitals, and generate wider economic and social value.

The Nuffield Trust has shown how fragile community capacity currently limits progress towards neighbourhood health. By investing in MSK neighbourhood services as part of this recovery, the NHS can both reduce waiting lists and demonstrate how health creation delivers tangible system benefits.

ARMA calls for MSK health to lead the way in neighbourhood health, showing how local, joined up health creating services can improve lives and strengthen communities across England.



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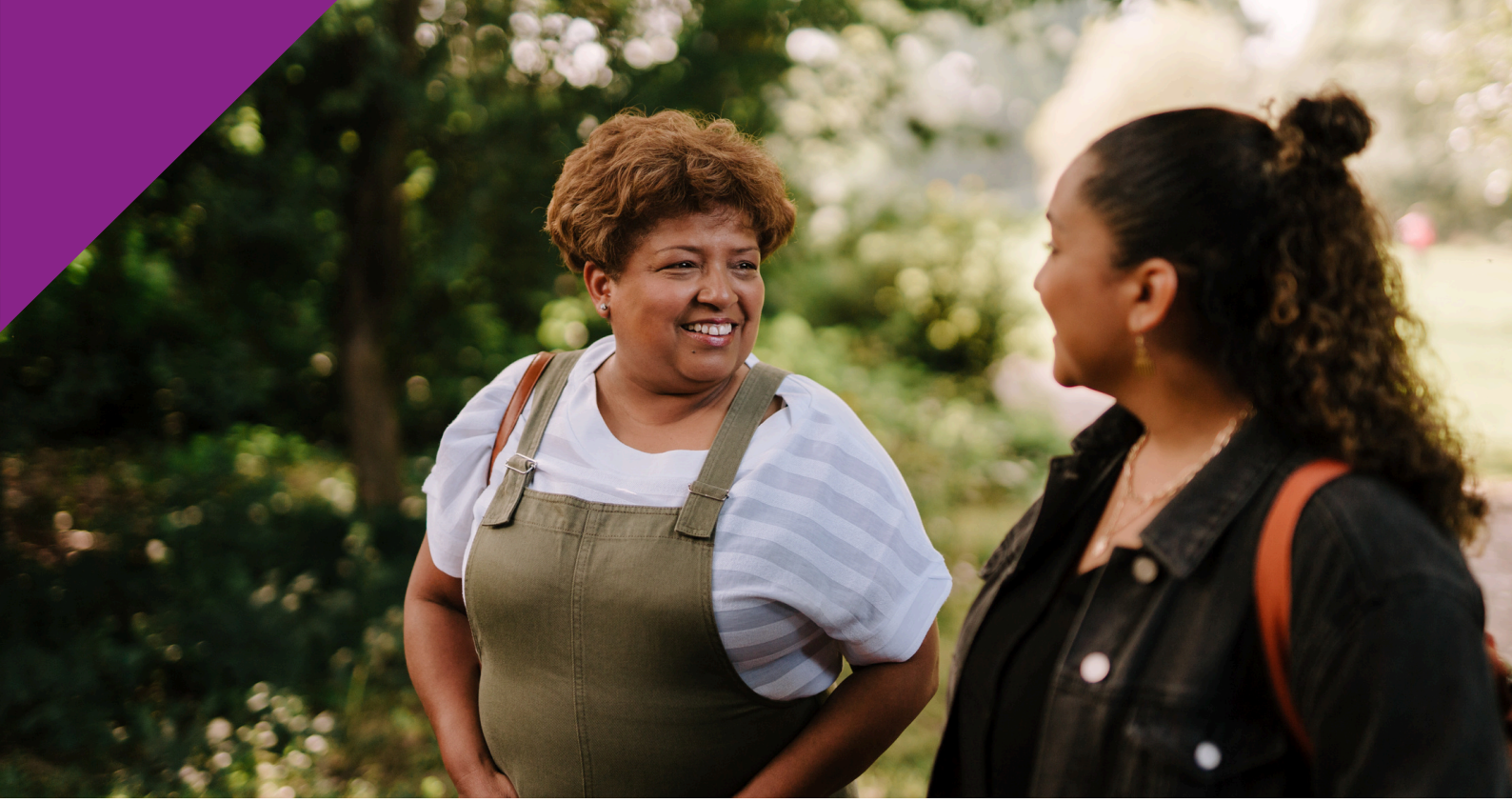

## Our current members

Arthritis Action, Arthritis UK, BackCare, British Association of Sports & Exercise Medicine, British Association of Sport Rehabilitators, British Chiropractic Association, British Dietetic Association, British Orthopaedic Association, British Society of Physical & Rehabilitation Medicine, Chartered Society of Physiotherapy, CCAA Kids with Arthritis, Cornwall Arthritis Trust, Ehlers Danlos Support UK, Faculty of Sport and Exercise Medicine (UK), Fibromyalgia Action UK, Hypermobility Syndrome Association, Institute of Osteopathy, Lupus UK, McTimoney Chiropractic Association, Musculoskeletal Association of Chartered Physiotherapists, National Axial Spondyloarthritis Society, National Rheumatoid Arthritis Society, National Spine Network, Orthopaedic Research UK, Physiotherapy Pain Association, Primary Care Rheumatology Musculoskeletal Medicine Society, Psoriasis Association, Rheumatology Pharmacists UK, Royal College of Chiropractors, Royal Osteoporosis Society, Scleroderma and Raynaud's UK, Society of Musculoskeletal Medicine, The Society of Sports Therapists, UK Gout Society.

## Our associate members

Apos Health, getUBetter, Good Boost, National Orthopaedic Alliance, PhysioFast Online, UCB.

## Get in touch

If you want to join us please get in touch. We would love to hear from you. Visit our website for more information.

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# Better MSK health for everyone.

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