people's health trust



Building the Conditions for Health

What over a decade of evidence tells us about creating healthier communities

Analysis and report written by Dr Kate Fryer, School of Medicine and Population Health, University of Sheffield as part of a Development and Skills Enhancement Award funded by NIHR.

October 2026

University of Sheffield

Dr Kate Fryer, Development and Skills Enhancement Award, NIHR306102, is funded by the NIHR to undertake this award. The views expressed in this publication are those of the author and do not necessarily reflect those of the NIHR, the NHS or the UK Department of Health and Social Care.

Executive Summary

This report brings together evidence from more than a decade of evaluation of People's Health Trust's long-running neighbourhood-centred programmes; Local Conversations, Active Communities and other place-based studies and thematic reports. Five evidence-based headlines run through the analysis - all are underpinned by the concept of collective control and connection: the idea that when people experiencing disadvantage access greater power over decisions and conditions affecting their lives, their wellbeing improves as a result.

Community power is real, measurable, and it improves wellbeing. Across all four waves of Active Communities and the full ten-year arc of Local Conversations, participation builds community power, and community power is a statistically significant predictor of wellbeing. People's Health Trust participants report levels of social connection and trust that significantly exceed those in comparably deprived areas elsewhere in the UK.

People's Health Trust programmes deliver real wellbeing and social connection gains - and wellbeing is a foundation for health. Wellbeing and self-reported health are distinct constructs that can move independently: across the evaluation period, wellbeing, social connection, and community power improved even as self-rated health remained low or declined, reflecting the complex health profile of the population People's Health Trust serves at a time of societal and economic pressures rather than a failure of the programmes. These programmes are best understood as health-protective, and in some specific cases health-restorative, rather than a guarantee of improved self-rated health in the short term.

Communities build safety nets the system does not provide. As statutory services receded, People's Health Trust-funded projects stepped in to provide welfare advice, informal support, and social connection that would not otherwise exist. This is a testament to community resilience, but also evidence of a system that withdrew over the same period.

Structural conditions constrain community action and must be tackled in parallel. Across all four waves, participants' perceptions of job prospects, local services, and cost of living worsened, regardless of programme impact. The evaluators are explicit that community action is necessary but not sufficient, and must be matched with upstream investment in housing, wages, and public services.

Long-term investment is what makes the difference. People's Health Trust's model of funding neighbourhoods for up to nine years is unusual in the funding landscape and is itself part of the explanation for the outcomes described. Sustainability and scale are identified as mechanisms of change rather than afterthoughts: evidence on Local Conversations areas after programme funding ended shows that 43% of sustained activity continued under a delivery partner, 29% became independently constituted community groups, and 7% became registered charities, with only 21% dissolving, alongside a wide range of reported legacy effects including increased community pride, reduced isolation, and stronger local influence.

Taken together, the evidence supports a clear argument: community-led approaches can demonstrably improve wellbeing, social connections and build collective power, but they operate within structural conditions that no amount of community action alone can change, and they require long-term investment to realise their full potential. People's Health Trust's contribution has not been funding alone, but also co-producing the model itself, from theory of change to evaluation to advocacy.

People's Health Trust
Building the Conditions for Health

Introduction

This report synthesises evidence from across People's Health Trust's major programme evaluations and research reports, drawing on more than a decade of longitudinal data from the Active Communities and Local Conversations programmes alongside evidence from the Homes for Health pilot, Living Wage research, and a set of complementary thematic reports.

The report is structured around five evidence-based headlines that together tell a coherent story about how communities can build health and wellbeing, and what enables or constrains that process. These headlines were developed through systematic review of the evaluation literature and are grounded in direct evidence from the documents.

Underpinning both programmes is the concept of collective control, the idea that when people in disadvantaged communities come together to gain greater power over the decisions and conditions affecting their lives, health and wellbeing improve as a result. This concept, articulated in the Collective Control Review that underpins both programmes' theories of change, runs through all five headlines in this report as both a mechanism and a goal. It connects community power, wellbeing, safety nets, structural conditions, and the case for long-term investment into a single coherent framework for understanding how and why these programmes work.

Taken together, the five headlines point toward a clear argument: community-led approaches can demonstrably improve wellbeing and build collective power, but they operate within structural conditions that no amount of community action alone can change, and they require long-term investment to realise their full potential.

Throughout this synthesis, a recurring theme is not only what the programmes have achieved but how they were designed to achieve it. People's Health Trust was not simply a grant-maker distributing funding at arm's length. The Trust was a co-producer of the model: co-developing the theory of change with communities and funded partners, centring equity, diversity and inclusion (EDI) in every strand of its work, building networks of funded partners to share learning across localities, and using the resulting evidence base to drive advocacy, communications, and public affairs work.

Community power is real, measurable, and it improves wellbeing

Overview

The most consistent finding across all four waves of the Active Communities evaluation and across the full ten-year arc of Local Conversations is that participation in People's Health Trust-funded programmes demonstrably builds community power, and community power measurably improves wellbeing. This is supported by quantitative survey data, longitudinal analysis, statistical regression, and qualitative testimony gathered over more than a decade. These are not incremental or ambiguous findings: the effect holds across programmes, across geographies, and across time. This is a genuinely positive story, grounded in a robust evidence base.

What the evidence shows

Community power is measured in the evaluations as a composite of five factors: satisfaction with the local area, willingness to work together, individual sense of control, a neighbourhood sense of pulling together, and active contribution to local projects. Across all four waves of the Active Communities evaluation, the relationship between programme participation and community power held firm.

> ***"Consistently, participants with higher levels of project participation have higher community power scores."***
> ***Active Communities Wave 4, p.83***

This finding was validated not just for the Active Communities programme but for Local Conversations too, and consistently across the longitudinal evaluations, giving the finding considerable strength.

Crucially, the Wave 4 evaluation identifies the specific mechanisms through which community power is built: stronger social networks, improved confidence and skills, and more cohesive communities. These are not incidental side-effects but the central outputs of good community development practice.

It is worth noting that these mechanisms did not emerge by accident: community power was a deliberate design target. People's Health Trust co-produced the theory of change underpinning both Active Communities and Local Conversations with funded partners and communities, and built programme activities around the specific pathways expected to generate it. The strength of the evidence is therefore also a reflection of the quality of the model.

> ***"stronger social networks, improved confidence and skills and more cohesive communities lead to increased experiences of community power."***
> ***Active Communities Wave 4, p.97***

The link between community power and measurable wellbeing outcomes is supported by statistical analysis. In the combined four-wave dataset for Local Conversations participants, community power was found to be a statistically significant predictor of SWEMWBS wellbeing scores.[1]

How People's Health Trust participants compare to the wider population

The most striking evidence for the impact of these programmes on social connection comes from benchmarking against comparable populations. People's Health Trust participants live in areas of high deprivation, often with complex health and social needs, but their levels of social connectedness after the intervention significantly exceed those of people living in similarly deprived neighbourhoods elsewhere in the UK.

> ***"83% of those surveyed agreed that the friendships and associations they have with other people in their neighbourhood mean a lot to them, compared to 49% of the people living in areas with similarly high levels of disadvantage."***
> ***Active Communities Wave 4, p.37***

The same pattern holds for trust: 77% of People's Health Trust participants say they trust their neighbours, compared to 56% in comparator areas. These gaps suggest that something real and substantial is happening in People's Health Trust-funded communities that is not happening at the same rate in comparable areas without this investment.

1. Community power β coefficient = 1.05, p=0.00, R^2=0.113 in regression analysis for Local Conversations combined dataset (Wave 4, Figure 8, p.107). The R^2 figure means community power explains approximately 11% of wellbeing variance — a meaningful but modest relationship; many other factors also shape wellbeing. The relationship was not statistically significant in Wave 4 standalone data; it emerged from the combined four-wave dataset, suggesting that the effect accumulates over time.

The benchmarking methodology draws on data from the Understanding Society Survey, the Children of the 21st Century Survey, the National Survey for Wales, and the Scottish Household Survey — all robust national datasets. The comparator population is drawn from the 20–30% most deprived neighbourhoods in the UK. This methodology is explained in detail in Wave 4, pp.14–16, and should be referenced clearly in the final report.

People's Health Trust programmes deliver real wellbeing gains – and wellbeing is a foundation for health

Overview

How 'health' and 'wellbeing' are defined in this evaluation

In this evaluation, 'wellbeing' refers to mental wellbeing and life satisfaction, measured primarily using the Short Warwick–Edinburgh Mental Wellbeing Scale (SWEMWBS) — a validated seven-item questionnaire assessing positive mental functioning, emotional resilience, and overall sense of wellbeing. Scores are classified as low (below 20), moderate (20–27), or high (above 27). A second measure, satisfaction with life, was tracked separately because statistical testing showed it did not cluster reliably with the SWEMWBS items. Together these two measures capture how well participants are faring emotionally and in terms of their subjective sense of a good life.

'Health' in this evaluation refers primarily to self-reported general health status — participants' own assessment of their overall physical and mental health, typically captured through a single question asking them to rate their health as excellent, good, fair, or poor. The Homes for Health evaluation additionally used the General Health Questionnaire (GHQ-12), a brief validated screening tool for common mental health problems such as anxiety and depression.

These two constructs — wellbeing and health — are treated as distinct in the evaluation because the evidence shows they can and do move independently of each other. Understanding this distinction is important for interpreting the results fairly: programmes can achieve genuine, significant progress on wellbeing even when improvements in self-reported health status have not yet emerged at the same rate. There is also a deeper conceptual point worth noting: if the self-reported health measure is primarily capturing disease burden (the presence and severity of long-term conditions) then the SWEMWBS wellbeing measure may in fact be the closer proxy for health in the fuller sense that the WHO intended when it defined health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease." On this reading, the evaluations show not that health remained static while wellbeing improved, but that the richer, more holistic dimension of health improved while disease burden did not.

Across People's Health Trust's programmes, participants report meaningful, sustained improvements in wellbeing, social connection, and community power — tangible gains in the lives of people living in some of Britain's most deprived communities. These programmes aim to improve health, and the evidence suggests they create the conditions for health to improve over time. But the most compelling short-to-medium-term finding is this: **these programmes significantly improve wellbeing.** And wellbeing matters: it is not a consolation prize for programmes that fall short of health improvement, but a vital and evidence-based foundation for it. People living with long-term illness, disability, and chronic health challenges can feel better, connect more, regain a sense of control over their lives, and contribute meaningfully to their communities — and those gains are real and significant. This headline shows how, and why it matters.

The data show that across all four waves of the Active Communities evaluation and throughout the Local Conversations programme, self-rated health remained low and, in some measures, declined, while community power, social connection, and wellbeing simultaneously and consistently improved. It is evidence that wellbeing and health status are distinct dimensions of human experience, and that community action can meaningfully improve one even when structural and clinical realities constrain the other.

Wellbeing improvements among people with complex health needs

People's Health Trust programmes intentionally reach people who are often excluded from mainstream services: people living with long-term conditions, disability, chronic illness, and multiple disadvantage. This is a deliberate, equity-based choice to direct investment where need is greatest. The Wave 4 evaluation confirms the profile of participants:

> ***"31% of participants said their day-to-day activities were limited due to a physical or learning disability or health problem (32% of participants in Active Communities, and 30% of participants in Local Conversations)."***
> **Wave 4, p.86**

People's Health Trust
Building the Conditions for Health

The concentration of complex health need among participants reflects People's Health Trust's deliberate investment in the 30% most disadvantaged neighbourhoods in Great Britain, and in partner organisations working specifically with people who face multiple and intersecting forms of disadvantage.

For this population, dramatic short-term improvements in self-rated health were never a realistic or appropriate aim. Long-term conditions are, by definition, persistent. But the evidence shows that even within this context, for people managing complex, chronic health challenges, community participation builds wellbeing, strengthens social connection, and develops a sense of control.

The Wave 4 evaluation directly tested three hypotheses to understand why self-rated health declined over the programme period. The first, that growing health awareness caused participants to rate their health more critically was not validated. The second, that worsening economic conditions were undermining health gains was also not validated. The third explanation was that People's Health Trust programmes deliberately recruit people with pre-existing complex health challenges, and for these individuals, health metrics are unlikely to improve quickly regardless of programme impact.

> ***"Only 43% of participants rated their general health as good, compared to 78% of people living in areas characterised by similar levels of deprivation."***
> **Active Communities Wave 4, p.85**

The Local Conversations Year 4 evaluation confirms the same pattern — declining health scores over time alongside broadly positive findings on connection and collective action:

> ***"There has been a decline in those reporting good or very good health (from 67% to 62%), high/very high life satisfaction (69% to 59%), high/very high happiness (65% to 59%)."***
> **Local Conversations Y4 Evaluation, p.293**

It should be noted that, although not tested through the year 4 evaluation, a complementary explanation alongside the Trust recruiting people who had pre-existing health conditions, participants' reporting of wellbeing (using SWEMWBS) could be closer to the WHO explanation of health being "a state of complete physical, mental and social wellbeing and not merely the absence of disease."

The significance of wellbeing as an independent outcome

The decoupling of wellbeing from health status carries real significance for how we understand community health programmes and what we expect of them. For the millions of people in the UK living with long-term conditions, the prospect of improved self-rated health may be limited or remote. But the prospect of feeling better, through an increased sense of belonging and exercising agency over one's life and neighbourhood, is within reach. Community-led approaches can deliver this, and the evidence shows that People's Health Trust's programmes do.

This finding also has implications for programme evaluation. Measuring community health programmes primarily through clinical health metrics risks both misrepresenting what they achieve and misunderstanding the population they serve. Wellbeing, social connection, and community power are valuable outcomes in their own right, with their own evidence base linking them to longer-term health trajectories.

A health-protective investment, not always a health-restorative one

What community programmes of this kind can most credibly claim is that they build the conditions which protect against further deterioration, rather than directly reversing all existing health conditions. This distinction between health-protective and health-restorative outcomes helps clarify both what these programmes do and the timescale on which health benefits might reasonably be expected to materialise.

A further framing is equally important: for the millions of people People's Health Trust works with who are already living with long-term conditions, illness, or chronic disadvantage, the question is not simply one of prevention. Prevention, in the traditional sense, is no longer fully available to them. What is available, and what these programmes deliver, is active, meaningful support for wellbeing: enabling people to live better, with greater dignity, connection, and agency, in spite of conditions they cannot simply avoid or reverse. This is not a consolation prize; it is a substantive and evidence-backed contribution to health justice.

This distinction between health protective versus health restorative is not always the case. Some elements of the programmes do provide a health restorative function, for example in the case of acute poor mental health such as anxiety or depression connected to a specific trigger or respiratory or skin conditions associated with poor housing conditions, both of which if caught early can result in improved health outcomes with limited residual health harm.

Communities build safety nets the system fails to provide

Overview

Across the evidence base, a persistent picture emerges: as statutory services have receded through austerity, welfare reform, and the erosion of local authority capacity, People's Health Trust community projects have stepped in to provide services and support that people cannot access elsewhere. This can be viewed as community triumph over adversity but is also a story about what communities are being asked to carry on behalf of a system that has withdrawn.

Safety nets that would not be there otherwise

The evaluators of Wave 4 use a specific phrase that captures this dynamic with precision. In describing the practical early wins achieved through projects, they write:

> ***"shorter-term changes achieved through the community-led projects included in this research made a difference in people's lives by supporting safety nets that would not have been there otherwise"***
> **Active Communities Wave 4, p.88**

The safety nets they describe operate at two levels: the formal provision of services that have been withdrawn from statutory channels, and the informal social connections that buffer individuals against deterioration in mental health and general wellbeing.

Filling the gaps left by austerity

A recurring theme across the evaluations is that community programmes have moved into spaces vacated by receding statutory services, providing welfare advice, Universal Credit support, and housing benefit navigation that local authorities once delivered. The Local Conversations Year 4 evaluation names this directly as an unintended negative consequence, noting that programmes have been:

> ***"filling in gaps left by receding local authorities, therefore normalising the negative impacts of a decade of public spending cuts."***
> **Local Conversations Y4 Evaluation, p.52**

The result is that when responsibility for meeting needs shifts from the public sector to local communities, provision becomes:

> ***"patchy, precarious, and burdensome for residents."***
> **Local Conversations Y4 Evaluation, p.52**

Community programmes should not have to bear this weight, and the fact that they do is a structural problem, not a programme design one.

People's Health Trust
Building the Conditions for Health

Informal connection as a health-protective factor

Not all the safety nets described in the evidence are formal services. The qualitative data gathered through in-depth interviews in Wave 4 reveal that the informal social fabric built through programme functions as a protective factor against health deterioration, particularly for mental health. Consistent with the wellbeing/health distinction set out in Headline 2, this protective effect is best understood as operating on wellbeing and mental health specifically, rather than as evidence of change in self-reported general health status.

> ***"Informal connections appear as a protective factor — saying 'hi' to neighbours/people you know when out and about."***
> **Active Communities Wave 4, p.78**

Additional evidence for the health-protective function of community infrastructure is provided by the 'How to Survive Winter' report, a practical example of community-generated resource in response to cost-of-living pressures, and by the Standing Together report, which foregrounds solidarity as a specifically health-protective mechanism.

Housing and economic security as structural safety nets

The Homes for Health programme evaluations and the Living Wage reports extend this theme into the domain of material conditions. Poor housing and inadequate pay are not peripheral to health: they are among its most powerful determinants. The Homes for Health strand-one outcomes report documents how insecure and substandard housing undermines the capacity for community action, while the Local Living Wage Dividend provides quantitative evidence of the economic returns from upstream wage investment.

Structural conditions constrain community action and must be tackled in parallel

Overview

Community programmes operate within a context they did not create and cannot, on their own, change. Across all four waves of the Active Communities evaluation and throughout the Local Conversations programme, the structural conditions experienced by participants worsened, regardless of what the programmes achieved in building connection, confidence, and community power. This indicates the limits of what community action can achieve in isolation, and is a clear argument for parallel investment in the structural conditions that shape health.

Deteriorating structural conditions across all four waves

The Active Communities evaluation systematically tracked participants' perceptions of a range of structural conditions in their area: cost of living, job prospects, health facilities, public transport, and local services. Across all four waves, with one minor exception, these perceptions worsened.

> ***"For Active Communities participants, all contextual factors were perceived more poorly in wave 4 than in wave 1, except for noise and pollution."***
> **Active Communities Wave 4, p.52**

The Local Conversations evaluation tells a parallel story. Structural pressures, particularly economic pressures related to welfare reform, the cost of living, and housing insecurity, are documented as a consistent drag on participants' health and wellbeing, operating against the grain of what the programmes were building. While the link between austerity and self-rated health was not supported by the evaluations, the worsening local conditions may have limited the impact of the programmes.

The evaluators' own call for parallel investment

The evaluators are explicit about what follows from this finding. Community action is necessary but not sufficient. The Wave 4 conclusion and the LC Y4 implications section both make the same call for parallel upstream and downstream investment — and it is worth noting that the call encompasses both upstream prevention and downstream wellbeing support. The evidence base supports both, and neither is optional.

> ***"Cross programme findings highlight the importance of investing in both upstream and downstream interventions and strategies. More and better job opportunities, housing and accessible local services play a key role in shaping longer-term health and wellbeing outcomes."***
> **Active Communities Wave 4, p.88**

Systemic change as a necessary condition

The Local Conversations Year 4 evaluation is frank about the gap between the programme's ambitions and what four years of community-led work can realistically deliver. The Theory of Change for Local Conversations predicted longer-term outcomes, including better local services and improvements in the social determinants of health, that had not materialised by Year 4. The evaluation does not regard this as evidence of failure, but rather as an honest account of the conditions required for success:

> ***"For the most part, however, the longer-term outcomes the Local Conversations programme aspires to achieve (e.g. better local services, improvements in the social determinants of health) have not yet materialised. This is largely because such ambitious change takes time and must be supported by wider systemic change."***
> **Local Conversations Y4 Evaluation, p.4**

People's Health Trust
Building the Conditions for Health

The Community Manifesto for Health Justice (2023) provides community voice on the structural changes needed, and directly supports the argument presented here.

Gender and structural disadvantage: the Men's Health evidence

People's Health Trust's 2025 Men's Health Report adds an important intersectional dimension to this headline, documenting how structural barriers operate differently across gender and identity lines. Men, particularly those experiencing unemployment, economic insecurity, or social isolation, face distinctive structural pressures that are not addressed by generic service provision.

The report is explicit that health services are 'not fully meeting their needs' (p.3) and documents how this failure operates across multiple dimensions: services are routinely inaccessible or mistrusted until men reach crisis point, and men from ethnic minoritised communities and deprived areas face the additional burden of barriers to culturally appropriate care.

Social isolation is framed as a structural condition in its own right, and a direct driver of poor outcomes which is not well addressed by generic provision. The report also documents how structural pressures compound across generations, with poverty transmitting poor self-esteem and diminished life chances from fathers to sons.

Structural pressure on those who deliver: the VCS mental health evidence

People's Health Trust's report on the mental health of voluntary sector staff and volunteers ('We Were Absolutely Invisible') adds further evidence of how structural pressures bear down on those delivering community services, not only those receiving them. By early 2022, 82% of VCS project leaders reported serious concern about imminent staff burnout — a crisis rooted not in individual capacity but in the systematic withdrawal of statutory services and the unsustainable reliance on the voluntary sector to fill the gap.

This has a direct bearing on the question of long-term sustainability. If the organisations delivering community-led programmes are themselves under structural strain, their ability to sustain impact is contingent on the same upstream investment called for in relation to the communities they serve.

Long-term investment is what makes the difference

Overview

The evidence from across People's Health Trust's programmes points to a consistent conclusion: meaningful change in communities characterised by deep and entrenched deprivation does not happen on the timescale of a conventional grant cycle. People's Health Trust's distinctive contribution has been to think and fund differently, and the evidence shows why this matters.

People's Health Trust's model of long-term investment

The Local Conversations programme model was deliberately designed to work over extended timescales. The Wave 4 evaluation describes it in terms that make clear how unusual this is in the funding landscape:

> *"Using investment from the Trust over a longer timeframe than many traditional grants… The Trust typically provided around £300,000… for an initial period of two years, with subsequent funding to neighbourhoods each year for up to nine years."*
> **Local Conversations Wave 4, p.2**

This is a distinctive feature of People's Health Trust's approach and underlying philosophy. Short-term grant funding creates its own structural pressures: organisations must demonstrate impact quickly, pivot towards measurable outputs, and constantly re-pitch for continuation funding. People's Health Trust's model resists these pressures and creates the conditions in which slower, deeper change can accumulate.

Long-term, place-based investment of this scale is unusual and requires a funder with the institutional confidence to resist short-cycle impact pressures and the organisational commitment to sustain relationships with communities over nearly a decade. That sustained commitment is itself one of the Trust's most significant contributions to the outcomes described in this report.

Scale and sustainability as mechanisms of change

The Wave 4 conclusion identifies scale and sustainability not as aspirations but as mechanisms, and the means through which individual change translates into collective impact:

> *"Sustainability and scale are key mechanisms of longer-term change, and we have only begun to see how journeys of individual change have started to come together into collective action and community power."*
> **Active Communities Wave 4, p.88**

This framing is important because it reframes sustainability as integral to the mechanism of change itself, rather than an afterthought to be addressed at the end of a programme. The accumulation of individual journeys into collective action requires time, continuity, and trust, none of which can be manufactured quickly.

People's Health Trust
Building the Conditions for Health

Community voice on what long-term change requires

Central to all People's Health Trust programmes has been a commitment to privileging the voices of those experiencing disadvantage. This is not a methodological choice alone; it is a values position, embedded in the design of the programmes from the outset. The Local Conversations model was built on the premise that communities know their own needs, and that genuine resident leadership — not participation managed from outside — is what produces durable change.

Across the evaluations, this commitment generates some of the most powerful testimony in the evidence base. In the Claremont Ten area, a community leader was unambiguous about what real change would require:

> *"It's never gonna be a quick fix in Claremont. We've got many years of people feeling quite isolated and unempowered… this isn't a 3-year project, it isn't a 5-year project. This is about changing the culture within an area over the next 10, 15, 20 years."*
> **Community leader, Claremont Ten, Local Conversations Y4, p.48**

In Caia Park, a resident's assessment of People's Health Trust's distinctive contribution to resident-led working was direct:

> *"People's Health Trust have really allowed the grassroots thing to happen, if you can handle that."*
> **— Staff, Caia Park, Local Conversations Y4 Final Report**

And from a different Local Conversation area, the view that People's Health Trust was not merely a funder but a genuine champion of the model:

> *"What they're basically wanting is people to be empowered, isn't it? Which is a noble goal that everyone else sticks on their bleeding prospectuses or whatever, but I think the Health Trust is the only one I've seen who actually lives it."*
> **Resident, Local Conversations Y4 Final Report**

These are individual testimonies from specific case study areas, not statistical findings. But they carry weight precisely because they name what People's Health Trust's model of investment makes possible that conventional short-cycle funding does not.

The challenge of genuine power transfer: trusting communities to lead

The evidence from the programmes also points to the challenge of genuinely relinquishing control and having faith in communities to lead. For organisations and funders accustomed to traditional models of service delivery, this is a significant cultural shift which is explicitly documented in the evaluation reports.

The Local Conversations Year 4 evaluation is particularly direct on this point. Staff working within the programme describe how internal bureaucracy and an institutional reluctance to move away from established approaches repeatedly placed limits on how resident-led the programme could genuinely be. As one staff member put it:

> *"There's been times when I've had to fight tooth and nail for what the residents have asked for. Letting go of power and control and giving it to residents scares people."*
> **Staff member, Local Conversations Y4 Evaluation**

The Local People programme evaluation captures a similar dynamic through a vivid analogy offered by a project practitioner describing how control had been progressively transferred to the community steering group:

> *"Initially, I was driving the bus, I then ended up in the passenger seat at the side, I'm now, I think, behind the driver… I see myself slowly handing the power and the control over to them."*
> **Project practitioner, Local People programme evaluation**

This gradual handing-over is not a natural or easy process. It requires a funder and a set of partner organisations that are genuinely prepared to sit with uncertainty, to accept that community decisions may differ from what professionals might have chosen, and to resist the pull of accountability frameworks that incentivise control and measurability over genuine resident leadership. That People's Health Trust built and sustained programmes that managed this transition with consistent commitment to the principle is a significant part of the story.

The risk of withdrawal: leaving communities worse off

The case for long-term investment is both positive and cautionary. The LC Y4 evaluation contains a direct warning about what happens when investment ends without adequate planning for sustainability:

> ***"Unless the programme can find a way to work with local partners to build on and embed the participatory structures that projects have created… there is a high risk that when the programme ends, the Local Conversation areas will be left with larger gaps than they had before."***
> **Local Conversations Y4 Evaluation, p.70**

What People's Health Trust did to manage exit responsibly

- It is important to record that People's Health Trust did not simply withdraw. The Trust took active steps to support the sustainability of projects as funding periods came to an end. These included:
- Strategic exit grants for a number of projects, providing a transition period and the resources to consolidate what had been built
- Support for spin-off organisations where project activity had grown sufficiently to sustain independent operation
- Investment in community asset acquisition in a number of areas, giving communities a physical and organisational base from which to continue their work after Trust funding concluded

New evidence on what happened after individual Local Conversations concluded gives a clearer picture of sustainability. Across the areas evaluated, activity continued in some form in the large majority of cases:

- **43%** continued under a delivery partner
- **29%** became independently constituted community groups
- **7%** became registered charities
- **21%** dissolved.

This sustained activity took varied forms across areas, including creating community spaces, alongside continuing steering groups, youth programmes, and resident-led forums in individual areas such as Stanwell, Govanhill, Lozells, and Caia Park in Wrexham.

Areas also reported a range of legacy effects beyond direct service continuation: increased community pride and cohesion, reduced anti-social behaviour and isolation, stronger local reputations and negotiating power with partners such as local authorities, schools, and GPs, and, in some cases, wider organisational growth and national influence.

People's Health Trust
Building the Conditions for Health

Synthesis and implications

Across five headlines, a coherent account emerges of what People's Health Trust's programmes have achieved, how they have achieved it, and what they cannot achieve without support from wider systemic change.

People's Health Trust is a funder that operated as a co-producer of the model it funded: bringing intellectual architecture, equity commitments, relational investment, and communications infrastructure to the programmes alongside the grant funding itself. The outcomes described across the five headlines are not separable from the conditions People's Health Trust created to produce them. Replicating the outcomes without replicating the model would be unlikely to succeed.

Community power is real, and is built through consistent, long-term investment in the social fabric of communities through networks, skills, confidence, and collective action. It predicts wellbeing, and People's Health Trust participants demonstrate levels of social connection that significantly exceed those of comparably deprived populations. This is evidence of genuine impact.

The meaningful wellbeing gains achieved by these programmes are a discovery to be built on. For the many people People's Health Trust works with who are living with long-term conditions, improved wellbeing, stronger social connection, and a greater sense of control are genuine achievements and may provide a pathway to future health for them and their families. These programmes are health-protective: they build the conditions that prevent further deterioration and lay the foundations for longer-term health trajectories. And for those for whom prevention is no longer the relevant frame, they provide active wellbeing support that matters enormously in its own right, and reflects the WHO definition of health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease." The safety net function of People's Health Trust-funded communities is both a testament to their strength and an indictment of the system around them. Communities are absorbing the consequences of sustained public sector disinvestment. This is not sustainable, and the evaluators are explicit that it should not be normalised.

Structural conditions constrain what community action can achieve. The deterioration in participants' perceptions of job prospects, local services, and cost of living across all four waves limits what they can accomplish. Upstream investment in housing, wages, and public services is a necessary condition for the longer-term health outcomes that the programmes aspire to deliver.

Investment must be long-term. The accumulation of individual journeys into collective action and the cultural shift in how communities understand and exercise their own power cannot be manufactured on a three-year timescale. People's Health Trust has demonstrated a model of long-term funding that is relatively unusual in the philanthropic and statutory landscape, but is a requirement of genuine impact.

Finally, none of this would be possible without the Trust's own contribution as a co-producer of the model: building theories of change with communities, centring equity and inclusion, using a network of funded partners to generate and amplify learning, investing in the capacity of the organisations it funds, and connecting evidence to advocacy and public affairs. The programmes are not separable from the funder that designed and sustained them. That contribution is part of the story this evidence review tells.



Published by People's Health Trust, October 2026.

People's Health Trust

t 020 4548 0939

w peopleshealthtrust.org.uk

e enquiries@peopleshealthtrust.org.uk

bsky.app/profile/peopleshealthtrust.bsky.social

linkedin.com/company/people's-health-trust

People's Health Trust is an independent charity working to address health inequalities across Great Britain.© People's Health Trust 2026. All rights reserved. Registered Company number: 6492606. Registered Charity number England and Wales: 1125537 Scotland: SC039848.

About People's Health Trust

People's Health Trust has been working with people living in communities experiencing disadvantage and marginalisation across Great Britain for more than 15 years. Our goal is to stop people dying too young because of avoidable inequalities, such as in wealth, housing, education, and work. We partner with local communities at a grassroots level to find vital and timely solutions to tackle the causes of poor health at a local and national level. Through our work with local people, companies, academics and decision-makers, the Trust has built evidence of successful community action to improve health and reduce health inequalities.