

Neighbourhood Health Framework

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Neighbourhood Health Framework

The **Neighbourhood health framework** explains **how ICBs, local authorities, Health & Wellbeing Boards and other partners should create and deliver neighbourhood health services.**

It **defines 'neighbourhood health'**, describes the **challenges** services should address, **establishes clear metrics for success, maps the process** systems should follow to set local metrics, and **defines the roles** of ICBs, LAs, HWBBs and other partners in designing and implementing the model

Key Goals

- **Improve health outcomes and reduce inequalities**, with explicit focus on high-priority cohorts: people with mid–severe frailty, care-home residents, housebound patients, those at end of life, and people with major long-term conditions (CVD, diabetes, COPD, dementia, serious mental illness), plus children & young people and any locally identified cohorts
- **Improve access to general practice**: same-day appointments for clinically urgent needs (target **90% by March 2027**), faster access for routine care (baseline/trajectories set in 2026/27), and improved patient satisfaction with GP access
- **Improve experience of planned care**: reduce variation in referrals via single point of access (SPOA) and MDT models
- **Strengthen urgent and emergency care (UEC) performance** for priority cohorts by coordinating reactive care and increasing use of Urgent Community Response, Hospital at Home, virtual wards and SPOA
- **Improve patient and staff satisfaction**
- **Local Key Goals**: Through HWBs, ICBS and LAs agree further local measures and address local priorities and health inequalities set out in the JSNAs

Reforms

- **Improve services for people who need routine healthcare, so neighbourhood health benefits everyone**
- **Improve proactive care for people**
- **Deliver better alternatives to hospital care**

Key responsibilities for Place under the Neighbourhood Health framework



- **Lead and sign off the local Neighbourhood Health Plan** for 2027/28, providing collective place leadership for design and delivery.
- **Define local outcomes and measures** (covering the *whole life course* and both health *and* social care) with communities and partners during 2026/27, so plans are grounded in local need.
- **Coordinate the full partnership at place** — NHS, local authorities (adult & children’s social care, public health), and VCSE so services are organised around people rather than organisations.
- **Embed prevention and proactive care** using linked data and risk-stratification to anticipate need and prevent escalation.
- **Oversee delivery against the five national goals** (health outcomes; access to general practice; planned care experience; UEC performance; patient & staff satisfaction) and align local trajectories to the Medium-Term Planning period (Apr 2026–Mar 2029).
- **Drive integration to cut waste and duplication**, with a strong digital approach (SPOA/online/phone/in-person access; shared information flows) to make access easier and coordination tighter.
- **Reduce pressure on acute services** by expanding neighbourhood-based alternatives (e.g., moving appropriate outpatient activity to neighbourhoods; improving discharge coordination).
- **Adopt the national “archetypes” and enabling conditions** at place, agreeing governance arrangements, using common outcomes/metrics, and aligning incentives and joint strategic commissioning with the ICB.
- **Steward the neighbourhood estate vision locally**, including planning for Neighbourhood Health Centres as community “front doors” co-locating primary, community, local authority and VCSE services.
- **Ensure genuine community engagement and co-production**, with HWB members working alongside residents and partners to shape priorities, footprints, and measures

Stage 1: immediate changes in the 2026 to 2027 financial year

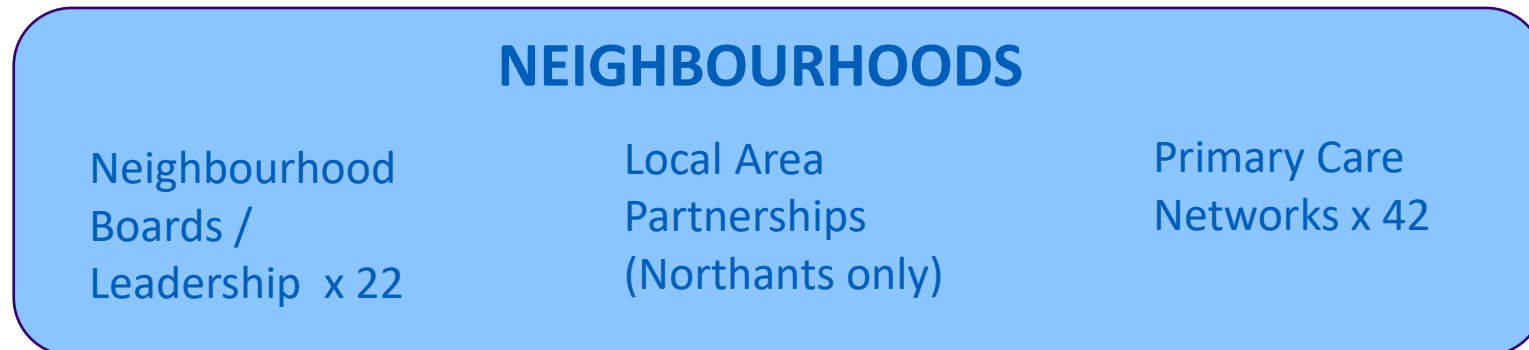
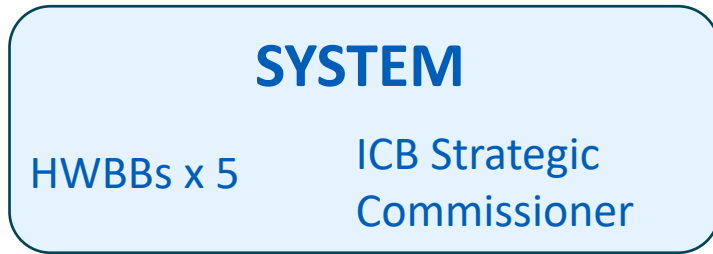


- confirm plans to meet 18-week community waits and eliminate 52-week waits.
- confirm how ICBs and local authorities intend to use pooled funding under the Better Care Fund (BCF) in line with BCF guidance (noting that any funding decisions must also be consistent with the national conditions for the fund, including the required increases in ICBs' minimum contributions to adult social care over the next 3 years)
- continue to improve the primary and secondary care interface in line with the red tape challenge
- confirm organisational ownership of planned deliverables
- confirm plans for having the appropriate data-sharing arrangements in place to do robust patient identification and evaluation

Stage 1: immediate changes in the 2026 to 2027 financial year

- agree an initial plan to reduce non-elective admissions and bed days by increasing the capacity of urgent, rehabilitation and reablement services at neighbourhood level, based on patient risk register analysis
- agree a plan for tackling unwarranted variation and improving access to general practice, ensuring core hours requirements as defined in the national GMS contract are met, including the newly introduced urgent access requirements
- agree neighbourhood footprints around natural communities for the future development of INTs
- agree plans to establish INTs focused on high priority cohorts, including how devolving care budgets could work in their area
- start to plan for a new neighbourhood approach for elective pathways with detail on how they can contribute to meeting the referral to treatment (RTT) standard and how they would use a devolved commissioning budget for outpatients for their population

Proposed Draft Governance LNR Neighbourhood Plan



Draft Neighbourhood Plan – Current



Role of Place Boards

Place Boards will coproduce the Neighbourhood Outcomes Pack with neighbourhood leaders, Local Authority commissioners and public health, and recommend it to the HWB/ICB for signoff. Place Boards will coordinate joint recovery plans where local variation or inequalities persist, escalating only where system support is required.

Place Boards will act as the cornerstone of local governance, owning the delivery plan and ensuring accountability for outcomes. Each Board will provide assurance on progress against agreed priorities, monitor performance using neighbourhood dashboards, and coordinate delivery across health, care, and voluntary partners. By aligning resources and decision making at neighbourhood level, Place Boards will drive integration, reduce duplication, and ensure that services reflect local needs while meeting systemwide objectives. They will also play a key role in escalating risks, sharing learning, and supporting continuous improvement.