**Briefing note for the VCFSE on Neighbourhood Health.**

**About Social Action West Northamptonshire:**

Social Action West Northamptonshire (SAWN) is the Infrastructure Partnership of Voluntary Impact Northamptonshire (VIN) and South Northants Volunteer Bureau (SNVB).

We have come together under 4 pillars:

- To support our Community Groups with advice, training, networking and information.
- To provide Leadership and Advocacy.
- To build Partnerships and promote a collective voice for the VCFSE.
- To strengthen Social Action.

**The National Neighbourhood Framework**

Released in March of 2026, it builds directly on the NHS Long Term Plan and the 3 core shifts:

These are:

1. Hospital to Community.
2. Analogue to Digital.
3. Sickness to Prevention.

**The Framework has 3 core agendas:**

1. To improve services for people who need routine healthcare.
2. Improve proactive care for people.
3. Deliver better alternatives to hospital care.

**The Framework has 5 key goals:**

1. Improve Health outcomes on frailty, housebound patients, COPD, Diabetes and Young People.
2. Improve access to General Practice.
3. Improve the experience of Planned Care.
4. Improve the performance of Emergency care.
5. Improve patient and staff satisfaction with NHS Services.

**What is a Neighbourhood?**

A Neighbourhood is simply a geographical area, but it must have the following core defining characteristics:

1. A Natural Community Footprint aligned to people and place where services can de designed around local people and their needs.
2. A platform for tacking health inequalities where unwanted disparities are most visible and actionable.
3. Where community assets exist which link care directly to services and people.
4. Where the opportunity to co-produce services with residents and local assets is most visible.
5. Where the identification of people must at risk can be demonstrated.

6. Where Integrated Neighbourhood Teams which are patient focussed can work with stakeholders to achieve the nest local healthcare outcomes.

**The 2 Pillars of Neighbourhood working:**

*Pillar 1: The Health Service Delivery Engine.*

Integrated Neighbourhood Teams centred around Primary Care and delivering seamless medical care directly into the local community.

This Pillar includes:

**Primary Care Transformation: Tackling unwanted variation, improving access and continuity of care, strengthening same day and urgent care provision whilst enhancing patient experience and outcomes.**

**Urgent and Reactive Care: Reduce avoidable hospital admissions by expanding Neighbourhood level urgent, rehabilitation and reablement capacity.**

**General Practice led proactive care assessing risk, sharing care and delegating budgets.**

**Elective shift: Community specialist clinics and General Practitioners with extended roles.**

**Sustainable Community Services: With a view to redesigning health pathways and eliminating long waiting lists.**

**Prevention and Population Health: Early intervention, assessment of risk and community led prevention opportunities.**

The purpose of Pillar 1 is to improve access, reduce demand, shift activity focus and provide better clinical outcomes for residents.

The Commissioners are typically the Integrated Care Board, with joint arrangements as required or appropriate.

*Pillar 2: The Health Creation Engine.*

Broader Health management covering the wider social determinants of health and integration with assets like the VCFSE.

This Pillar includes:

**Wider Determinant Action: Housing, education, employment, debt advice, food security and social connection delivered through Neighbourhood Partnerships.**

**VCFSE and Community Assets: Engineered through Asset Mapping and Social Prescription.**

**Local Authority alignment: Public health, social care, early help and family hubs.**

**Targeted Prevention: Neighbourhood led screening drives and targeted health campaigns.**

**Community Voice and Co-Production: The utilisation of Lived Experience with Neighbourhood Partnerships.**

The purpose of Pillar 2 is to reduce inequalities, improve life chances and shift system conditions that create initial demand.

The Commissioners will be a range of partners pooling and sharing budgets.