

Health and Wellbeing Board

DATE	12 th February 2026
REPORT OF	Diane Lee - Director of Public Health and Katie Brown – Director of Adult Social Care
SUBJECT	Neighbourhood Health Plan Position Statement
STATUS	Open

CONTRIBUTION TO OUR AIMS

These recommendations support the Council Plan 2025–2028 by enabling the HWB to lead development of the Strategic Neighbourhood Health Plan (SNHP). By setting neighbourhood footprints, shared priorities and governance, the SNHP will aim to strengthen prevention, enhance community based care and reduce inequalities in North East Lincolnshire. The Strategic and Operational Plans aim to ensure residents receive earlier, more coordinated support and reinforce joint accountability across NHS, Local Authority and VCSE partners. The SNHP also aligns with Marmot Place and Pride in Place, supporting resilience and socioeconomic regeneration.

EXECUTIVE SUMMARY

This report sets out the expectations for the HWB in leading the development of the SNHP and associated Operational Plan for 2026/27. It outlines the planning requirements, governance, delivery milestones, and partnership arrangements needed to establish a neighbourhood based health and care system.

A joint workshop between the Health & Wellbeing Board (HWB) and the Health and Care Partnership (HCP) is proposed for March to commence the development of the interim Strategic Neighbourhood Health Plan (SNHP) and associated Operational Plan.

MATTERS FOR CONSIDERATION

HWB leadership is central to defining neighbourhoods, setting priorities, and overseeing development of the SNHP. Therefore, we are asking the HWB to:

1. Approve the proposed approach and timeline for developing the Interim Strategic Neighbourhood Health Plan by April 2026
2. Commit to attending a session with the HCP on 11th March focussing on developing the interim strategic neighbourhood health plan, and the operational plan.

1. BACKGROUND AND ISSUES

1. Purpose of this Position Statement

This paper sets out the Health & Wellbeing Boards (HWB) role and expectations in leading the development of the Strategic Neighbourhood Health Plan (SNHP) and the associated Operational Plan, in line with draft national guidance on Neighbourhood Health (draft National Framework for Neighbourhood Health Plans, Nov 2025).

Neighbourhood Health forms a core component of the shift from hospital to community, analogue to digital, and sickness to prevention, as outlined in the NHS 10-year Plan.

This position statement describes:

- the HWB's leadership role
- the planning requirements for April 2026 and through 2026/27
- the governance and accountability expectations
- the required components of the SNHP and operational plan
- a roadmap with key milestones for delivery.

2. Role of the Health & Wellbeing Board

HWB leadership is central to defining neighbourhoods, setting priorities, and overseeing development of the SNHP.

HWBs are expected to:

- lead joint planning for neighbourhood health
- bring together NHS, local authority, VCSE and wider partners
- provide the strategic oversight and approval mechanism
- ensure alignment with JSNA, Joint Local Health and Wellbeing Strategy (JHWS) and existing statutory duties.
- In 26-27 bring together BCF and Neighbourhood Health Plans

3. Scope and Expectations for Local Areas

Local areas must develop, under HWB leadership:

- **An Interim Strategic Neighbourhood Health Plan - by April 2026**
- **An Interim Operational Plan - by Q2 of 2026/27**

3.1 An Interim Strategic Neighbourhood Health Plan - by April 2026

The Interim Strategic Neighbourhood Health Plan sets the short-term strategic vision for neighbourhood-based health services in 2026/27, complementing the Joint Health and Wellbeing Strategy. As a transitional first version, it focuses on immediate priorities that shift services towards a Neighbourhood Health model, with wider joint priorities due by April 2027. The plan must identify local health and wellbeing needs, outline how partnership working will maximise community impact, and describe how services will operate within neighbourhoods and across the place. It should be informed by the JSNA, ICB plans and relevant strategies, while incorporating national neighbourhood health objectives. Minimum requirements include defining neighbourhood footprints of around 50,000 people, setting outcomes based on local need, confirming included services and providers, establishing Integrated Neighbourhood Teams for key groups, and agreeing leadership and accountability arrangements.

3.2 An Interim Operational Plan - by Q2 of 2026/27

The operational plan should detail the agreement of integrated working arrangements at place and neighbourhood level, alongside a timetable for resolving issues where new neighbourhood geographies affect existing PCN structures. It must set out the schedule for implementing Integrated Neighbourhood Teams and include a full audit of resources across all partners. The plan should develop sustainable leadership and skills programmes, maintain continuous engagement with local residents to ensure priorities reflect community needs, and align with the emerging Integrated Care Funding Framework.

4. Governance and Accountability Framework

4.1 Strategic Governance

The HWB will act as the strategic system leader, setting direction and ensuring all partners adopt a shared vision and coordinated delivery model. This includes:

- confirmation of neighbourhood geography
- mapping collective assets across neighbourhoods
- embedding collaborative culture and joint workforce development
- ensuring appropriate data sharing arrangements
- use of resources and estates across all local partners in a collaborative way

4.2 Operational Governance

The HWB must agree a clear process for approving and overseeing the operational plan, which may be delivered through a Joint Executive Board or a Place Based Partnership such as the NEL Health and Care Partnership. The Partnership may appoint a lead integrator and create neighbourhood level sub-groups to ensure accountability. Leadership development plans should be established, supported by ICBs and local authorities, to strengthen capability across all neighbourhoods.

Place Based Partnerships will:

- coordinate operational delivery
- maintain oversight of INT implementation
- ensure delegated decision-making aligns with HWB priorities
- may establish sub-groups for neighbourhoods
- work with National Team/ICB/NELC on payment model options

4.3 Local Accountability

Local partners must ensure neighbourhood health plans are fully reflected in commissioning and service delivery, informing ICB Plans and shaping decisions made by ICBs and local authorities. As place leader, the HWB plays a central role in supporting partners to hold each other to account for delivering these commitments. Public accountability is essential, and HWBs should review and strengthen scrutiny and engagement arrangements, including Health Overview and Scrutiny Committees. Publishing neighbourhood health plans will support transparency. Local health bodies will remain responsible for accountability to patients,

building on existing arrangements or developing new ones where these offer clearer oversight.

5. Components of the Strategic Neighbourhood Health Plan

The SNHP must include:

1. **Neighbourhood Footprint Definition (c50,000)** - boundaries, population rationale, alignment with natural communities.
2. **Strategic Vision and Priorities** - agree a clear strategic vision by combining national priorities with local needs identified through the JSNA, setting shared ambitions for improving health and wellbeing across the place and each neighbourhood.
3. **How the Place will work with the ICB to develop the Priority Steps to Lay the Foundations for Neighbourhood Health** (Model Neighbourhood Requirements)
 1. Agree Neighbourhood Footprints
 2. Ensure Good Access to High-Quality General Practice
 3. Improve Primary, Community, Mental Health & Secondary Care Interfaces
 4. Establish Integrated Neighbourhood Teams (INTs) for People with Complex Needs
 5. Develop Plans to Reduce Non-Elective Admissions and Bed Days
 6. Begin Planning for Neighbourhood Approaches to Elective Pathways
4. **Define what services will be provided where and by whom**
5. **Establish Integrated Neighbourhood Teams (INTs)**
6. **Integrated intermediate care services should be jointly planned by the ICB and local authorities**
7. **Develop VCSE and Wider Services** - reflecting their central role in health, inequalities, and access.
8. **Outcomes and Measures of Success** – to be agreed using national frameworks (NHS, Public Health, Adult Social Care outcomes). Plans should link to wider reforms and programmes such as BCF, NHS planning guidance, ICB plans, Marmot Place and Pride in Place.

6. Roadmap for Delivery

6.1 Phase 1 - Foundations (Now → April 2026)

Milestone One: Interim SNHP approved and published by the HWB - April 2026.

A joint workshop is planned between the HWB and the HCP which will mark the formal start of the collaborative planning process required to agree neighbourhood footprints, define priority outcomes and establish the governance and delivery arrangements needed for the SNHP and Operational Plan through 2026/27.

6.2 Phase 2 - Operationalisation (April 2026 → Q2 2026/27)

Milestone Two: Operational plan completed and agreed by HWB - Q2 2026/27.

6.3 Phase 3 - Comprehensive Model Design & Delivery (Q2 2026/27 → April 2027)

Milestone Three: Comprehensive Neighbourhood Health Plan in place - April 2027.

7. Commitment from the Health & Wellbeing Board

What the HWB is asked to do:

The HWB will provide strategic system leadership for Neighbourhood Health by:

- Setting strategic direction aligned to local priorities and the Health and Wellbeing Strategy
- Agreeing neighbourhood footprints, priorities and service scope for 2026/27
- Approving the Interim Strategic Plan (April 2026) and Interim Operational Plan (Q2 2026/27)
- Providing oversight, accountability, transparency and partnership working

What the HCP is asked to do:

The HCP will act as the place-based delivery vehicle by:

- Coordinating operational delivery across NHS, Local Authority, VCSE and providers
- Leading development of the Interim Operational Plan
- Driving integrated working, INT development, resource audits and neighbourhood planning

What HWB & HCP should do together:

Joint leadership will ensure both work together to:

- Confirm neighbourhood geographies, service scope and priority cohorts
- Agree strategic priorities and the outcomes framework for NEL
- Co-design governance and delivery arrangements
- Ensure ongoing engagement with residents and communities throughout 2026/27

2. RISKS, OPPORTUNITIES AND EQUALITY ISSUES

The development of the SNHP creates risks linked to variation in neighbourhood readiness, pressure on shared workforce capacity, and potential misalignment with current PCN geographies. Delivering new governance, integrated neighbourhood teams and national requirements within tight timescales may also challenge partners and slow progress if coordination is weak. However, the programme offers clear opportunities to strengthen partnership working, improve population health, and reduce inequalities by aligning priorities to JSNA insights and local engagement. Better use of estates, assets and multidisciplinary teams can increase efficiency and reduce duplication. Embedding prevention and digital approaches supports long-term culture change. Equality is strengthened through a focus on priority populations, consistent neighbourhood models and inclusive planning, ensuring that residents receive equitable access and that diverse needs shape service design.

3. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

There are potential reputational implications for the Council arising from the decision to lead and endorse the development of the SNHP. Successful delivery such as agreeing neighbourhood footprints, publishing the interim SNHP by April 2026, and strengthening integrated working may enhance confidence in the Council's leadership and its ability to work collaboratively with NHS and VCSE partners. However, delays, misalignment with existing

PCN arrangements, or uncertainty around new governance and team structures could create negative perceptions among partners and the public

A joint action plan will be agreed with the Council's Communications Service and the Health and Care Partnership, covering statutory requirements, ongoing engagement, and clear public information around neighbourhood footprints, priorities, governance changes and engagement opportunities. Communication channels will include the Council website, partner platforms, community forums, and targeted outreach to priority groups.

4. FINANCIAL CONSIDERATIONS

The SNHP will be delivered within existing system resources across the Council, NHS partners and the VCSE sector. It is designed to improve coordination, reduce duplication and enable more efficient use of workforce, estates and community assets. No additional revenue or capital pressures are anticipated in the short term, and no reliance on Council reserves is expected. The programme aligns with broader system reforms, including joint commissioning and the forthcoming Integrated Care Funding Framework. During 2026/27 the HCP will prepare a fully costed business case for integrated neighbourhood services, ensuring long-term affordability and clarity on investment needs. Overall, the SNHP is expected to improve value for money by supporting prevention, earlier intervention and reduced avoidable hospital activity.

5. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

Children and young people are a priority population within the SNHP, requiring neighbourhood planning to reflect needs identified through JSNA and JHWS. Integrated Neighbourhood Teams will support coordinated, multidisciplinary care, while ongoing engagement ensures children, young people and families shape priorities, strengthening early intervention and improving access to local, joined-up services.

6. CLIMATE CHANGE, NATURE RECOVERY AND ENVIRONMENTAL IMPLICATIONS

By strengthening local, neighbourhood-based care, the SNHP reduces unnecessary travel and supports more sustainable models of delivery. Better use of shared estates improves resource efficiency, while redesigned pathways and integrated teams create opportunities for greener practices. This aligns with wider climate and nature recovery ambitions and supports long-term environmental resilience.

7. WARD IMPLICATIONS

The SNHP relates to all of North East Lincolnshire.

8. BACKGROUND PAPERS

NHS 10 Year Plan; NEL Joint Health and Wellbeing Strategy ; Draft National Framework for Neighbourhood Health Plans, Nov 2025

9. CONTACT OFFICER(S)

Sarah Everest-Ford, Programme Director Health and Care Partnership
Louise Fadina, Programme Director Health and Care Partnership

NO RESTRICTIONS

Diane Lee – Director of Public Health and Katie Brown – Director of Adult Social Services