HEALTH AND WELLBEING BOARD

DATE	**16/07/2026**
REPORT OF	**Katie Brown, Director of Adult Services**
SUBJECT	**Neighbourhood Health**
STATUS	**Open**

CONTRIBUTION TO OUR AIMS

This paper supports delivery of the Council Plan and Joint Health and Wellbeing Strategy by strengthening prevention, improving access to community-based services, and reducing health inequalities.
Neighbourhood health aligns with Marmot Place, Pride in Place and the ward community plans, supporting health and wellbeing, resilience and improved outcomes through integrated, place-based working.

EXECUTIVE SUMMARY

Neighbourhood health is a national and local priority, focusing on integrated, population-based care delivered closer to home.
The Health and Wellbeing Board (HWB) has a central leadership role in setting direction, approving plans, and ensuring delivery through partners.

This paper sets out:

- National policy context and local position
- Priority cohorts and delivery model
- Key requirements for 2026–27 and 2027–28
- Next steps for scaling integrated neighbourhood working

RECOMMENDATIONS

The HWB is asked to:

1. Note the national expectations for neighbourhood health and local progress to date.
2. Confirm its continued leadership role in neighbourhood health planning and delivery.
3. Agree the priorities for 2026–27 and 2027–28.
4. Support the development of a full business case for scaling integrated neighbourhood working.

REASONS FOR DECISION

Neighbourhood health represents a fundamental shift in how health and care services are organised, moving from fragmented provision to integrated, population-based delivery focused on prevention.

Clear Health and Wellbeing Board (HWB) leadership and timely decisions are required to meet national planning requirements and ensure local delivery remains aligned and achievable.

1. BACKGROUND AND ISSUES

1. **Strategic Context**

National guidance highlights that current models are fragmented, with multiple organisations delivering care across the same pathways, creating barriers to integration, understanding activity and cost, and moving resources to where they are most needed.

Neighbourhood health is a core component of NHS policy, supporting the shift:

- from hospital to community
- from treatment to prevention
- from organisational silos to integrated systems

The proposed shift is towards a value-based approach, organising services around defined populations and supporting more integrated, neighbourhood-based delivery. The national Neighbourhood Health Framework and Population Health Delivery Models guidance set expectations for local systems to organise care around defined populations, improve outcomes, and reduce inequalities, a one-page summary can be found in appendix A.

Local areas are required to:

- develop neighbourhood-based models of care
- establish integrated neighbourhood teams (INTs)
- align services, workforce and estates to population need

Further national guidance is expected, including requirements for a full Neighbourhood Health Plan by March 2027.

2. **Role of the Health and Wellbeing Board**

The HWB is the strategic system leader for neighbourhood health.

Its role includes:

- leading joint planning across partners
- defining neighbourhoods and priorities
- providing oversight and accountability
- ensuring alignment with statutory strategies

During February and March 2026, the HWB received a Neighbourhood Health Position Statement and participated in a joint HWB/HCP workshop to inform local priorities and delivery.

3. Local position and learning

North East Lincolnshire has strong foundations, including:

- a well-established Health and Care Partnership
- Section 75 and pooled budget arrangements
- established partnership working and engagement with communities

The HWB workshop (March 2026) identified key themes:

- Leadership, decision-making and shared accountability across partners

- Development and consistency of integrated neighbourhood teams (INTs)
- Defining neighbourhood footprints based on natural communities and local identity
- Integration across services, including specialist pathways and interfaces
- Culture, trust and ways of working across organisations

Emerging strategic actions:

- Develop options for configuring INTs, based on accountability, for inclusion in the Scaling Integrated Neighbourhood Working Business Case.
- Create the narrative and proposition for the shift towards prevention and increased community-based care, involving key leaders.
- Move the system towards population-based commissioning, using the domains and enablers maturity matrix
- Strengthen shared risk arrangements across partners and consider moving the partnership onto a legal entity footing

It reinforced that neighbourhood health should focus on population accountability, not organisational boundaries.

4. National Neighbourhood Health Implementation Programme (NNHIP)

North East Lincolnshire is part of the National Neighbourhood Health Implementation Programme (NNHIP), which is supporting the development of neighbourhood-based models of care across England.

Locally, this has moved beyond planning into practical delivery and testing.
Key areas of progress include:

- Meridian neighbourhood huddle - multidisciplinary working focused on people with complex needs (with escalating risk of admission), strengthening coordinated decision-making across health, care and VCSE partners
- Focus on priority cohorts - particularly people with multiple long-term conditions, high service use and complex social needs, helping to improve coordination and support people to remain in the community.
- Participation in the NHSE digital interoperability pilot to support operational interoperability.
- Ongoing partner and community engagement - including co-production of neighbourhood health centres and alignment with wider programmes such as the Joint Health and Wellbeing Strategy (JHWBS), Marmot Place and Pride in Place.

Learning from NNHIP locally highlights that:

- neighbourhood health is a long-term transformation rather than a short-term programme
- relationships, trust and shared culture are critical to success
- integrated working requires workforce development, incentives and ways of working, not just co-location
- a clear, evidence-based business case is required to support scaling and investment, demonstrating the benefits for residents and communities, impacts on the workforce and partner organisations, value for money and affordability, and the deliverability and sustainability of the proposed model.

The NNHIP maturity framework is being used to assess current position, identify gaps and prioritise delivery, providing a structured approach to improvement and supporting the development of a scalable model for North East Lincolnshire.

5. Integrated neighbourhood teams (INTs)
INTs are central to delivery and will initially focus on supporting priority cohorts, requiring a shift to a value-based approach with services organised around defined populations and delivered through population-based models.

Priority cohorts

National guidance identifies a number of high-priority cohorts for INT's:

- People with multiple long-term conditions and complex needs, particularly those at risk of hospital admission
- People living with frailty, including care home residents and those nearing end of life
- Children and young people with complex needs, requiring coordinated multi-agency support
- People experiencing health inequalities, including those with unmet needs linked to the wider determinants of health
- People requiring proactive and preventative support, including those at early risk of deterioration

Delivering neighbourhood health services for these population groups, INT's are expected to:

- take shared accountability for defined populations
- bring together health, care and VCSE partners
- operate with devolved decision-making
- focus on prevention, coordination of care and proactive support

Current challenges include:

- financial flows and incentives
- contractual and organisational boundaries
- workforce pressures & culture change
- Silo working
- balancing proactive and reactive demand

Addressing these challenges is a key priority for scaling delivery.

6. Scaling integrated neighbourhood working
The HCP is developing a Business Case to scale integrated working.

This includes:

- a benefits realisation case
- options for future operating models
- workforce and financial modelling, including value for money
- a phased implementation roadmap

The work will:

- support potential social finance investment
- align with national expectations
- provide clarity on long-term affordability

A Memorandum of Understanding is also being developed between Care Plus Group (CPG) and primary care to support integrated delivery.

7. Neighbourhood health centres (NHCs)

Neighbourhood health centres are a core enabler, bringing together primary care, community, local authority and VCSE services to support integrated, multidisciplinary care closer to home.

They are defined by function, not form, and can be delivered through:

- new builds
- refurbishment or repurposing of existing estate

Local community engagement has highlighted the need for accessible, joined-up and locally delivered services in welcoming community settings.

Funding has been secured from NHS England, through the Humber and North Yorkshire ICB, to support development of the first Neighbourhood Health Centre. On 2nd Jul a multi-agency workshop brought together partners from across health, care, local government and the VCSE sector to inform the development of North East Lincolnshire's estates strategy and future Neighbourhood Health Centre (NHC) pipeline. The workshop explored how estate, infrastructure and community assets can support neighbourhood health, improve access to services, address health inequalities and enable more integrated, preventative models of care. Discussions highlighted the importance of making best use of existing buildings (including the use of existing Council buildings) aligning investment to local need, and creating welcoming, accessible spaces that bring together health, wellbeing and community support.

Priorities for 2026-27 and 2027-28

The table below sets out the key actions required across the Health and Care Partnership (HCP), Integrated Care Board (ICB) and Health and Wellbeing Board (HWB) to establish and scale neighbourhood health.

In 2026 we will need to develop a shared understanding of emerging population-based commissioning models (e.g. SNP and MNP), including implications for roles, collaboration and delivery across partners.

Year	HWB	ICB	HCP
2026–27 Setting the	• Provide system leadership and agree	• Support development of neighbourhood	• Align partners around a shared

Year	HWB	ICB	HCP
foundations	shared vision and priorities • Endorse neighbourhood footprints based on natural communities • Confirm governance and alignment with wider strategies e.g. JHWBS, Marmot, community plans and Pride in Place	footprints and commissioning approach • Confirm intentions on pooled funding and financial flows (e.g. BCF) • Develop requirements for data sharing, insight and evaluation	neighbourhood model • Develop a Neighbourhood Health Plan neighbourhood model • Establish INTs for priority cohorts • Develop neighbourhood 'front door' approach • Build workforce, leadership and data readiness • Develop shared understanding of population-based delivery models
2027–28 Formalise, scale and deliver	• Co-own and oversee delivery of the Neighbourhood Health Plan • Hold partners to account for delivery and outcomes • Ensure alignment with wider place-based priorities	• Implement population-based commissioning and contracting models • Allocate resources to support neighbourhood delivery • Monitor outcomes, including inequalities and system performance	• Lead delivery and scaling of INTs • Embed consistent delivery and reduce variation • Shift care towards prevention and community settings • Strengthen accountability across partners • Use learning to refine delivery and sustainability

3. RISKS, OPPORTUNITIES AND EQUALITY ISSUES

Risks

- Workforce capacity, capability and organisational readiness may limit the pace and consistency of implementation.
- Variability in organisational priorities, structures and ways of working may hinder integrated delivery across partners.
- Evolving national policy, guidance and funding arrangements may create uncertainty and require changes to local plans.
- Governance, decision making and shared accountability arrangements are still maturing and may slow implementation.
- Limitations in data sharing, interoperability and population health intelligence may constrain care coordination, evaluation and benefits realisation.
- Without a clear operating model, outcomes framework and sustainable investment approach, progress may remain at pilot scale and fail to achieve system wide impact.
- Current financial flows, incentives and commissioning arrangements may not

fully support prevention, integration and population based delivery.

Opportunities

- Stronger partnership working and shared accountability across organisations
- Improved outcomes and reduced inequalities through prevention, early intervention and coordinated care
- Better use of workforce, estates, community assets and public sector resources.
- Greater community involvement and co-production in shaping local services.
- Alignment of major programmes (JHWBS, Marmot, Pride in Place, community plans) into coherent place based delivery model

Development of a scalable evidence base to inform future investment, commissioning and neighbourhood health transformation.
Neighbourhood health supports equitable access through a focus on priority populations and consistent models of care.

4. OTHER OPTIONS CONSIDERED

N/A

5. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

There are positive opportunities to demonstrate strong HWB leadership and HCP collaboration. A coordinated communications approach will be required.

Risks relate to:

- pace of delivery
- clarity of communication
- alignment across partners

6. FINANCIAL CONSIDERATIONS

Delivery is initially within existing system resources (including additional capital funding for a Neighbourhood Health Centre).
A full business case will set out:

- investment requirements
- affordability
- potential social finance opportunities

Focus will be on improving value for money, and reducing future costs, through prevention and reduced demand on acute services.

7. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

Children and young people are a priority population, requiring neighbourhood planning to reflect needs identified. 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.

8. CLIMATE CHANGE, NATURE RECOVERY AND ENVIRONMENTAL IMPLICATIONS

Neighbourhood health supports climate and environmental objectives by reducing travel through local delivery of care, increased use of digital services, and better coordination across providers. Development of neighbourhood health centres will align

with national design guidance, including reuse and optimisation of existing estate, improved energy efficiency and contribution to NHS net zero ambitions. The approach also supports place-based regeneration and use of community assets, contributing to wider environmental and social value within neighbourhoods.

9. PUBLIC HEALTH, HEALTH INEQUALITIES AND MARMOT IMPLICATIONS

Neighbourhood health has significant potential to improve population health and reduce health inequalities by shifting the system towards prevention, early intervention and more coordinated care delivered closer to home. The approach is particularly relevant to North East Lincolnshire, where inequalities in healthy life expectancy, long-term conditions, mental wellbeing and wider determinants such as employment, housing and social isolation contribute to poorer outcomes for some communities.

The proposed model aligns strongly with the Marmot principles by supporting action across the social determinants of health, strengthening community resilience, improving access to services, and enabling partners to work more effectively around the needs of individuals, families and communities. The focus on defined populations and priority cohorts provides an opportunity to direct resources towards those with the greatest need and to reduce unwarranted variation in access, experience and outcomes.

Neighbourhood health also supports a shift from reactive, service-led models towards person-centred, community-based approaches that help people maintain independence, remain connected to their communities and have greater control over their health and wellbeing. Through stronger partnership working between health, local authority and VCSE organisations, there is potential to achieve both improved outcomes and more sustainable use of public resources.

To maximise impact, implementation should be supported by robust equality impact assessment, community engagement and ongoing monitoring of outcomes across different population groups to ensure the benefits are realised equitably and do not inadvertently widen existing inequalities.

10. FINANCIAL IMPLICATIONS

Delivery of neighbourhood health is expected to be supported within existing system resources in the short term through improved coordination and use of workforce, estates and community assets. Funding has been secured to support the development of an initial Neighbourhood Health Centre, and further work is underway to develop a full business case for scaling integrated neighbourhood working. This will set out future investment requirements, affordability, and opportunities for external funding, including potential social finance.

11. LEGAL IMPLICATIONS

Neighbourhood health will be delivered through existing statutory arrangements across the NHS and local authority, including established partnership mechanisms. Further work is underway to develop governance models, partnership agreements and memoranda of understanding (including with primary care providers) to support integrated working at neighbourhood level. Any changes to commissioning, contracting or estates arrangements will be subject to appropriate legal review.

12. HUMAN RESOURCES IMPLICATIONS

Neighbourhood health requires closer multi-agency working across NHS, local authority and VCSE partners. In the short term, delivery will be supported through existing workforce arrangements; however, scaling will require further development of integrated workforce models, leadership capability and shared ways of working. Workforce capacity remains a key risk, and plans will need to support staff engagement, development and retention as new models are implemented.

13. WARD IMPLICATIONS

All wards

14. BACKGROUND PAPERS

- Health and Wellbeing Board NH Position Statement 12.2.26 v3
- NHS England » Neighbourhood health centres_ design and performance specification
- Neighbourhood Health Framework
- Fit for the Future: Population Health Delivery Models

15. CONTACT OFFICER(S)

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Appendix A

Government guidance for Neighbourhoods

NAPC

Neighbourhood health will only work as a **joint endeavour** between the NHS and local authorities, alongside wider partners.

Three principles of public sector reform:
- Integrated services around people's lives
- Improve outcomes, by focusing on prevention rather than crisis management
- Devolve power to local areas, which understand local needs, with services with and for people.

Measuring success of neighbourhood health

National minimum goals and objectives, plus locally developed aims and outcomes defined through neighbourhood health plans under the leadership of Health and Wellbeing Boards.

National NHS goals, objectives and metrics

1 Improve health outcomes

Targets include:
- reducing non-elective admissions
- improving outcomes for long-term conditions
- improving quality and access to care for children
- better end of life care

2 Improve access to general practice

Objectives include:
- 90% of clinically urgent patients seen the same day by March 2027
- faster access to routine GP care
- improved patient satisfaction

3 Improve experience of planned care

This will include:
- reducing variation in outpatient referrals
- improving coordination of outpatient care & reducing secondary care follow-up appointments

4 Improve urgent and emergency care
- Improving co-ordination of care for high priority cohorts (frailty, care homes, end of life)
- reducing emergency department attendances
- improving ambulance response times
- improving hospital discharge processes

5 Improve patient and staff satisfaction
- introducing patient-reported experience and outcome measures
- ensuring 95% of people with complex needs have an agreed care plan
- introducing neighbourhood staff experience measures

6 Local goals
- Health and Wellbeing boards recommended to consider the local outcomes framework for health and wellbeing, adult social care, Best Start in Life and neighbourhood health and integration
- Enabling those who receive long term support to live in their home
- Adults who needs are met by admission to residential and care homes
- Consider how neighbourhood plans align with wider public service reform

Aims
- Improve people's health and care outcomes
- Organise services around the person
- Reduce pressure on acute services
- Cut waste and duplication
- Help the NHS deliver against core targets

Delivering Neighbourhood Health

To deliver neighbourhood health, the NHS and local authorities must transform how they work together alongside wider partners including **voluntary, community and social enterprise organisations (VCSEs).** ICBs will ensure neighbourhood health becomes the default model of care

Reform agendas

1 Improve routine healthcare

The NHS will support GP access recovery by:
- improving GP access targets
- improving online access
- ensuring practices open during core hours, and reform out of hours
- providing faster access to care

GPs will be empowered to deliver better care through:
- proactive population health management
- reduced bureaucracy
- improved access to specialist advice

2 Improve proactive care
- Develop Integrated Neighbourhood teams to deliver better management of Long term conditions, frailty, children and young people and cancer
- Grow community services
- Reform outpatients, with closer working between GPs and specialists

3 Better alternatives to hospital care
- Expand urgent community response services
- Increase the capacity of virtual wards
- Increase intermediate care capacity
- Piloting 24/7 neighbourhood mental health centres

Read how NAPC helps partners implement neighbourhood health.

Contracting models

ICB → IHO → MNPs → SNPs

Single Neighbourhood Providers (SNPs): Deliver neighbourhood services through integrated teams within a defined area; allow primary care to offer services beyond core GP contracts.
Multi-Neighbourhood Providers (MNPs): Coordinate services across multiple neighbourhoods, supporting consistency, service design and shared risk for the registered population list.
Integrated Health Organisations (IHOs): Hold a whole-population budget, allocate resources across pathways, redesign services and invest in prevention. Initially likely led by high-performing NHS trusts, in partnership with primary and community providers.
All primary care contracts remain nationally contracted. PCNs might evolve into SNPs. More guidance to follow.

Changes for 2026/27
- Neighbourhood footprints considered in terms of local authority boundaries
- Reduce non-elective admissions
- GP access
- Establish integrated neighbourhood teams
- Improve outpatient pathways
- Confirm use of Better Care Funding (BCF)
- Improve primary secondary care interface
- Confirm organisational ownership of deliverables
- Improve data-sharing arrangements
- Plan for April 2027 to April 2029

Other headlines
- **Neighbourhood Health Centres (NHCs)**: 250 neighbourhood health centres by 2035, 120 by 2030
- **Workforce:** staff working differently rather than entirely new staff groups providing proactive, preventative personalised care, organisational boundaries
- **Finance:** ICBs prioritise funding for neighbourhood health services locally. National support will include: financial incentives encouraging the shifting care from hospital care to community, reforms to payment mechanisms, & support for outcome-based contracting

NAPC welcomes the continued focus on population health and prevention at a local level.
The national voice for primary and community care, NAPC is a not-for-profit membership organisation leading change, driving innovation and supporting partners across the health and care ecosystem.