

Health and Wellbeing Board

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Update on Neighbourhood Health

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Summary

This report provides an update for the Health and Wellbeing Board on the development of neighbourhood health. A framework has been published recently that clarifies what is expected of Health and Wellbeing Boards in 2026/27 and how the Integrated Care Board (ICB), local authorities and other partners should work together to develop neighbourhood health plans.

1. Recommendations

1.1. Members of the Health and Wellbeing Board are asked to comment on and note this report.

2. Budget and policy framework

2.1. The NHS England (NHSE) [Neighbourhood Health Guidelines 2025/26](#) were published in January 2025. These guidelines provide strategic direction for integrated care boards and partners to shift care towards community-based, preventative models as part of the preparations for the 10-year health plan.

2.2. The NHS “[10-Year Health Plan for England: fit for the future](#)”, published in July 2025, reinforced the role of Health and Wellbeing Boards in developing neighbourhood health plans, but did not provide details on the nature of the plans.

2.3. On 17 March 2026, the [Neighbourhood health framework](#) was published. The framework will be updated regularly to reflect learning from around the country.

3. Background

- 3.1. The development of neighbourhood health is happening within the context of the wider agenda of public sector reform, which is guided by three principles; to:
- integrate services so that they are organised around people's lives;
 - improve long-term outcomes for people through a focus on prevention, relying less on expensive crisis management;
 - devolve power to local areas, which understand the needs of their communities best, with services that are designed with and for people, in partnership with civil society and the impact economy.
- 3.2. The government's ambition for neighbourhood health is to build an integrated, multi-disciplinary service that:
- delivers more personalised care closer to where people live;
 - empowers people to lead healthier, more independent lives; and
 - offers genuine choice in how people access support.
- 3.3. Local authorities and ICBs are encouraged to consider how services can be reconfigured to focus more on prevention and early intervention.
- 3.4. The neighbourhood health framework asserts that similar proposals have been set out over the last 15 years and many other countries have moved to a similar way of working. However, over the last 10 years, the system has orientated more to hospitals, with significantly greater spend and investment in hospitals than in primary and community care. It is clear what needs happen, however, the challenge has been the ability of the system to make the change. The changes that come with neighbourhood health aim to provide the conditions to make the necessary change.

4. Advice and analysis

- 4.1. The framework describes neighbourhood health as a "truly collaborative effort between all partners, combining the NHS's responsibility for our health services with local authorities' responsibility for adult and children's social care services and public health."
- 4.2. Much of the delivery of neighbourhood health is related to the delivery of NHS health care, however, ICBs are expected to work with local authorities to agree how to design and deliver the aspects of neighbourhood health that require joint working across the NHS, social care and other local services. ICBs and local authorities will also agree, through HWBs, how neighbourhood health will support wider local priorities for improving overall health outcomes and reducing health inequalities.

- 4.3. The framework sets out a minimum set of interventions for all ICBs to deliver over the next three years. Nationally, NHS England will ask ICBs to ensure INTs are set up with an initial focus on:
- people with frailty, and those who need end of life care;
 - multiple long-term conditions;
 - children and young people (CYP);
 - cancer.
- 4.4. Neighbourhoods will become the foundation of integrated care, where health and social services work together to meet needs for local populations. It's important to highlight neighbourhood health is a model of care to deliver care closer to home, where it is appropriate to do so, but not all healthcare provision will be in each neighbourhood area.
- 4.5. The NHS 10-year plan details the commitment for neighbourhood health centres and the framework describes them as a key component of neighbourhood health. Neighbourhood health centres are likely to cover areas larger than a single neighbourhood (i.e., more than 30-50,000 population). The ICB will be undertaking strategic assessments, informed by the model of care and population health needs, to understand where we might have gaps based on our existing estate.
- 4.6. The ICB will respond to any national funding opportunities for neighbourhood health centres which will be informed by our strategic assessment and identified priorities.
- 4.7. Fundamentally, neighbourhood health has five aims:
1. Improve people's health and care outcomes, reduce health inequalities and help them stay well at home;
 2. Organise services around the person with more convenient, personalised and joined-up care;
 3. Reduce pressure on more acute services - including hospitals and care homes;
 4. Cut waste and duplication;
 5. Help the NHS deliver against core targets.
- 4.8. The foreword notes that this will be an incremental process and that neighbourhood services will develop over time.

4.9. How neighbourhood health will be delivered

- 4.10. The success of neighbourhood health depends on the NHS, local authorities and partners transforming how they work together. These partners need to work collaboratively to agree a joint vision and re-design commissioning and delivery of services at neighbourhood level, including through integrated neighbourhood teams (INTs).
- 4.11. Neighbourhood health will have clear national minimum goals and objectives, which will be complemented by locally-developed aims and outcomes, specific to communities. These will be defined locally through the neighbourhood health plan, designed under the collective leadership of the HWB.
- 4.12. Listening to and working with patients, people and communities will be central to delivery.
- 4.13. Care will continue to be delivered by, among others:
- GPs;
 - Nurses;
 - Therapists;
 - Pharmacists;
 - community health service providers;
 - hospitals;
 - social care providers;
 - public health services.
- 4.14. What will change is how services are commissioned and contracted, removing barriers that prevent and enabling improvements in the core services themselves.
- 4.15. The focus will be on outcomes, not organisational form.
- 4.16. As pharmacies become increasingly established in supporting prevention and treating minor illness the ambition is for pharmacies to become a first point of contact for more patients to support demand on general practice. The framework doesn't address the current sustainability concerns in the pharmacy sector, however, neighbourhood health and the commissioning of services to support it, may become an important way to improve sustainability of the sector.
- 4.17. It may make sense in some areas for a single organisation to begin delivering the different parts of neighbourhood health. It is for local providers, ICBs and local authorities to work through what is right for them and their communities.

- 4.18. New integrated health organisation (IHO) contracts are intended to give providers a whole population health budget for a geographically defined population, underpinned by a contract.
- 4.19. IHO contract holders will take on responsibility for resource allocation and planning of services across the whole care pathway, holding responsibility for effectively meeting the needs of that population using available resources. Existing NHS foundation trusts will be eligible to become IHOs.
- 4.20. Neighbourhood health is place-based, with the local authority footprint being fundamental for local authorities, and single- and multi-neighbourhood health footprints existing within the local authority footprint. As we develop plans for neighbourhood health, it will be important to consider both our current footprint and the footprints of the new unitary authorities that will be created through local government reorganisation (LGR) to ensure that teams, systems and approaches will work well with the new local authority footprints or can be changed easily to work with them.

4.21. Relationship with the Better Care Fund (BCF)

- 4.22. Previously, the Better Care Fund (BCF) was a standalone integration fund that was focussed on discharge and reablement, with annual planning. The new guidance for the BCF (2026/27) makes it a tool to deliver neighbourhood health, with a focus on broader system integration, linked to multi-year reform.

4.23. Neighbourhood health finances

- 4.24. As strategic commissioners, ICBs will identify funding for NHS-delivered neighbourhood health through active prioritisation. It will be up to ICBs to decide the optimal way to configure local services to meet population needs.
- 4.25. Where HWBs agree any changes to public health, adult and children's social care or other local government services to reflect agreed local priorities for neighbourhood health, this does not alter the accountability or funding responsibilities of local authorities.
- 4.26. Nationally, the NHS will support this by:
- constructing allocations and expectations in the Medium Term Planning Framework on the basis that, over the Spending Review period, ICBs will move funding from the acute sector into neighbourhood services (left-shift);
 - amending the financial framework from the 2026/27 financial year, including changes to block contracts and payment flows, to help systems invest in the left shift and deliver better outcomes within constrained financial resources;
 - supporting neighbourhoods with credible and agreed plans to reduce UEC attendances and non-elective admissions by testing payment approaches that incentivise prevention and community-based care;

- In parallel, government will develop financial mechanisms that support the establishment and scaling of neighbourhood health.

4.27. What we need to do in 2026/27

4.28. During the 2026/27 financial year, as part of developing neighbourhood health plans for the 2027/28 financial year, HWB members will need to work with communities, health and care organisations and wider partners on how to establish outcome measures that cover the whole life course of the individual and reflect both health and social care needs.

4.29. ICBs will need to ensure the NHS delivers the minimum basic requirements in 2026/27, as well as laying the groundwork for more fundamental reform. As part of this, ICBs and HWBs should start developing and embedding new ways of working with local government and wider partners in 2026/27.

4.30. Working in partnership through Health and Wellbeing Boards, in 2026/27, government is asking ICBs and local authorities to:

- Agree neighbourhood footprints around natural communities for the future development of integrated neighbourhood teams (INTs) [mostly done];
- Agree plans to establish INTs focussed on high priority cohorts, including how devolving care budgets could work in their area;
- Confirm intentions to use pooled funding under the Better Care Fund (BCF) in line with BCF 2026/27 guidance (noting that funding decisions must be consistent with the national conditions for the BCF, including the required increases in ICBs' minimum contributions to adult social care over the next three years);
- Confirm organisational ownership of planned deliverables;
- Confirm plans for having the appropriate data-sharing arrangements in place to do robust patient identification and evaluation.

4.31. What we need to do in 2027/28

4.32. From 2027/28, ICBs and local government, working through Health and Wellbeing Boards, must develop a local Neighbourhood Health Plan. The plan will need to:

- Set out how neighbourhood health will support wider local goals for improving health outcomes, reducing health inequalities and delivering on any locally agreed wider public service reform agendas;
- Provide a broad overview of how the national NHS objectives will begin to be delivered through the three reform agendas (see above);

- Set out how local objectives are informed by the Joint Strategic Needs Assessment, and any other assessments by ICBs or local authorities, as deemed necessary by them and the health and wellbeing board;
- Confirm final geographies that partners will work within;
- Confirm which organisations are responsible for different elements of delivery;
- Confirm the arrangements which will be in place to deliver the local Neighbourhood Health Plan, including governance and operational partnership arrangements;
- Confirm how any other relevant initiatives align with the strategy (such as family hubs, housing, mental health hubs, Pride in Place and employment support).

5. Risk management

5.1. Risk management is an integral part of good governance. The Council has a responsibility to identify and manage threats and risks to achieve its strategic objectives and enhance the value of services it provides to the community.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Failure to collaborate	Medway Council and the ICB fail to collaborate and produce a neighbourhood health plan via the Health and Wellbeing Board	Medway Council is represented on the Neighbourhood health programme board; The ICB is represented on the Health and Wellbeing board	CII

For risk rating, please refer to the following table:

Likelihood	Impact:
A Very likely	I Catastrophic
B Likely	II Major
C Unlikely	III Moderate
D Rare	IV Minor

6. Climate change implications

6.1. There are no direct climate change implications arising from this report.

7. Financial implications

- 7.1. There are no direct financial implications arising from the Integrated Care Strategy delivery plan document. There may, however, be potential benefits or costs arising from future commissioning or place-based service decisions that could have an impact on Medway.

8. Legal implications

- 8.1. There are no legal implications arising from this report.

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Appendices

None

Background papers

None