From:	Jamie Henderson, Cabinet Member for Environment, Coastal Regeneration and Public Health Dr Anjan Ghosh, Director of Public Health
To:	Adult Social Care and Public Health Cabinet Committee – 6 May 2026
Subject:	The Neighbourhood Health Framework and the Neighbourhood Health Plan
Classification:	Unrestricted
Past Pathway of Paper:	None
Future Pathway of Paper:	None

Summary

The purpose of this paper is to **update, inform, and promote member discussion** around the NHS drive towards Neighbourhood Health subsequent to the publication of the national Neighbourhood Health Framework and building on the paper on neighbourhood health shared at the last meeting.

The Framework details national objectives and priorities for Neighbourhood Health with a key purpose of reducing emergency admissions. This includes a focus on people who are frail and action through both prevention and better care in the home. There are also objectives around better access to primary care and shorter outpatient waits.

Changes to NHS structures including the development of single integrated neighbourhood teams, multi-neighbourhood teams and integrated health organisations are outlined as well as plans to develop Neighbourhood Health Centres and plans to encourage a shift of resources to community health from hospitals. The structural changes are largely through redeployment of existing staff.

In addition to the centrally dictated priorities above, there is a role for local systems led by the local Health and Wellbeing Board in developing a Neighbourhood Health Plan (NHP). This plan will both ensure wider system action in support of the NHS objectives and enable the addition of further local action to deliver on locally defined health priorities.

It is expected that implementation of the Neighbourhood Health Plan will begin in April 2027 meaning that plan development must take place in the coming year. This will require ensuring that the Health and Wellbeing Board is well placed to lead this agenda and this is the subject of a separate paper.

It is proposed that the existing Integrated Care Strategy, which is also the Kent Joint Health and Wellbeing Strategy, remains broadly the right strategic background to the

development of the Neighbourhood Health Plan further informed by the Kent Prevention Framework, the Marmot Coastal Region initiative and the developed local Health Alliances.

It is important that Adult Social Care and Public Health optimise the opportunity offered by Neighbourhood Health, including around prevention in line with the Prevention Framework, and work with NHS colleagues to deliver sustainable high quality care and support, including around hospital discharge.

Recommendations
The Adult Social Care and Public Health Cabinet Committee is asked to NOTE the report and COMMENT on the outlined approach.

1 Introduction

1.1 This paper outlines the content of the national policy paper, the "Neighbourhood Health Framework" published in March 2026 (link below). While it has a key focus on the aspirations for change, improvement and new ways of working in the NHS, there is a key stated role for Local Authorities and wider local systems.

1.2 Specifically, there is a need to develop a Local Neighbourhood Health plan to commence in April 2027, that will address both key local health issues and the national NHS asks and challenges. This plan will be developed by the local Health and Wellbeing Board.

1.3 The paper summarises next steps as stated within the policy paper and proposes an approach to development in Kent building on historic partnership action.

1.4 The development and role of the Kent Health and Wellbeing Board is subject to a separate paper.

2 Stated Aims of Neighbourhood Health in the Framework

2.1 To improve people's health and care outcomes, reduce health inequalities and help them stay well at home. Achieved by prevention and proactive care, strengthened primary and community services and wider partner working (including public health (PH) and adult social care (ASC)).

https://www.gov.uk/government/publications/neighbourhood-health-framework

2.2 To organise services around the person with more convenient, personalised and joined-up care by improving access (including over phone and online) to services, providing outpatients in neighbourhoods, with continuity of care and better coordinated services

2.3 Reduce pressure on hospitals and care homes by decreasing hospital and care home admissions and hospital length of stay and deconditioning

2.4 Cut waste and duplication and help the NHS deliver against its core targets.

2.5 The Framework recognises there is little new here and that services should complement and build upon local plans to transform the wider scope of public services, and support investment in local places and community regeneration.

3. How Success in Neighbourhood Health will be measured locally

3.1 A mix of National and local objectives are proposed with locally agreed targets detailed in a new local Neighbourhood Health Plan (NHP) to begin delivery in 2027/8. The Plan will require the Health and Wellbeing Board (HWB) to take a central role in developing local outcome measures covering "the whole life course including both health and social needs".

3.2 It is suggested that the Health and Wellbeing Board might use the Local Outcomes Framework in defining local objectives and metrics. It is proposed that the Board look at how neighbourhood health can help deliver objectives around numbers of people in care homes by age, and user and carer satisfaction, as well as objectives around Best Start in Life and Family Hubs.

3.3 There is further an expressed desire to link the Neighbourhood Health Plan to wider local public service reform including around access to work, to housing, to the VCSE and to community initiatives.

3.4 In Kent and Medway Integrated Care Board (ICB), leadership of the Neighbourhood Health agenda is through the Neighbourhood Health Programme Board, including senior officers from ASC and PH and is supported by steering groups including a clinical group and the East Kent NNHIP (National Neighbourhood Health Implementation Programme) sub group. The Board will provide local governance alongside the Kent Health and Wellbeing Board.

4 National Goals, Objectives and Metrics in Neighbourhood Health

4.1 **Goal 1: improve health outcomes**
Focus will be on centrally defined high-priority cohorts including people who are frail, care home residents, housebound people, those at the end of their life, people with heart disease, diabetes and respiratory disease, dementia and mental health conditions, children, and any additional identified local cohorts.

4.1.1 There are a number of objectives and measures outlined:

- Help people with frailty, in a care home or housebound, to stay independent, with a reduction in non- elective admissions by 10% by March 2029

- Improve end of life care with an increase of 10% of people recognised to be approaching the end of their life by March 2029 and reduced non-elective admissions in people at the end of their lives by 10%

- Better treatment of people with the conditions listed above with a 10% improvement in evidence based clinical outcomes

- Improved access to care for children with a 10% reduction in outpatients and “substantial progress to reducing community waits”

4.2 **Goal 2: Improve access to general practice: objectives and metrics**

- 90% of urgent patients will be seen on the same day by March 2027.

- There will be faster access to routine GP care starting with collecting baseline data. The Integrated Care Board (ICB) may set local goals.

- Improve patient satisfaction with GP access starting with collecting baseline data.

4.3 **Goal 3: Improve patient experience of planned care: objectives and metrics**

- Use a single point of access (SPoA) to provide an alternative to outpatient attendance for 25% of referrals in 10 specialties by March 2027 supporting the delivery of an 18 week referral to treatment target (RTT) of 70% by March 27 and 92% by March 2029

- More follow up in local neighbourhoods with a 10% reduction in secondary care follow up by March 27

4.4 **Goal 4: Better Urgent and emergency care performance: objectives and metrics**

- More reactive community care in “high priority” groups (frailty, end of life, care home and housebound). By March 2029 growth in admissions in these groups will be flat with work towards actual reductions. The 85% 4 hour Emergency Department (ED) wait target will be achieved (82% by March 2027) with reduced ED attendances in the priority cohorts.

- Reduced Category 3 and Category 4 ambulance transfers (these are the calls for less urgent or non-urgent issues that have a national two or three hour current target time for response) through diversion to other services. There are no metrices stated.

- Better discharges for people with less delay, there are no firm agreed metrices.

4.5 **Goal 5 Patient and Staff satisfaction; objectives and metrics**

- Patient will feel more in control, measures are being developed

- Neighbourhood teams are motivated, measures being developed

5. Delivering Neighbourhood Health

5.1 The framework talks of three Reform Agendas where a minimum level of action is required. However further actions can be agreed where appropriate by the Health and Wellbeing Board.

5.2 **Reform agenda 1: Improve services for people who need routine healthcare, so neighbourhood health benefits everyone.** This will include:

- Improved access to GPs, tackling outliers and including digital options.
- Better GP care with incentives around improved population health and frailty
- Better GP access to diagnostics, starting with a review of capacity
- Reduce GP bureaucracy including linked electronic records, direct prescriptions to pharmacy, 28 day outpatient prescribing.
- Increase technology in GPs including online consultation, push mechanisms and AI.
- Reform of Out of Hours services as part of an upcoming emergency care strategy
- Strengthen the pharmacist’s role as a first point of contact for minor illness and prevention with an ability to prescribe.

5.3 **Reform Agenda 2: improve proactive care for people**

- Integrated Neighbourhood Teams (INTs) will help people to stay healthy with 95% of people with complex needs to have a care plan by 2027. Integrated Neighbourhood Health Teams will have a role in the follow up of people with mental illnesses.
- The initial focus will be on people who are frail and at the end of their life and on people with multiple long term conditions (LTCs) to slow the onset of frailty. It is also proposed initial focus be on Children and young people (CYP) with Children and Young People’s Integrated Neighbourhood Teams optimising community as an alternative to hospital provision, and on cancer patients
- ICBs can also establish Integrated Neighbourhood Teams “for other conditions”
- There is specific mention of developing Women’s health hubs
- Core Community Services will see an increase in their capacity to manage waiting times so that 78% of people are seen in 18 weeks in 2026/27 and 80% in 2028/29

- A new model for planned care is proposed with better links between GPs and consultants with a SPoA for advice and more community based follow up.

- Improved Data Sharing between the NHS and social care

5.4 **Reform Agenda 3: Deliver better alternatives to hospital care**

- Community response services will be expanded

- Virtual wards will be expanded

- There will be appropriate use of intermediate care including step up and step down services, community beds and home care

- There will be consideration of neighbourhood mental health centres, accessible 24/7 and distinct from general Integrated Neighbourhood Teams. Further guidance will follow the evaluation of this model elsewhere.

6. The Providers of Neighbourhood Health

6.1 There may be changes to commissioning with more health and social care integration. Health and Wellbeing Boards are charged with defining the geography of neighbourhoods through the Neighbourhood Health Plan and will wish to consider local authority boundaries although in reality, it is likely that the multi-partner NHS led Neighbourhood Health Programme Board will determine structure then seek agreement from the Health and Wellbeing Board. Single and multi-neighbourhood provider contracts may be developed but hospital standard and General Medical Service (GMS) contracts (GP contracts) must remain.

6.2 Single Neighbourhood Providers (SNPs) will deliver services through Integrated Neighbourhood Teams in a defined area with a population of around 50 thousand people. Primary care will be able to provide some of these new services in addition to their current contracts, alongside the local Single Neighbourhood Providers contract holder.

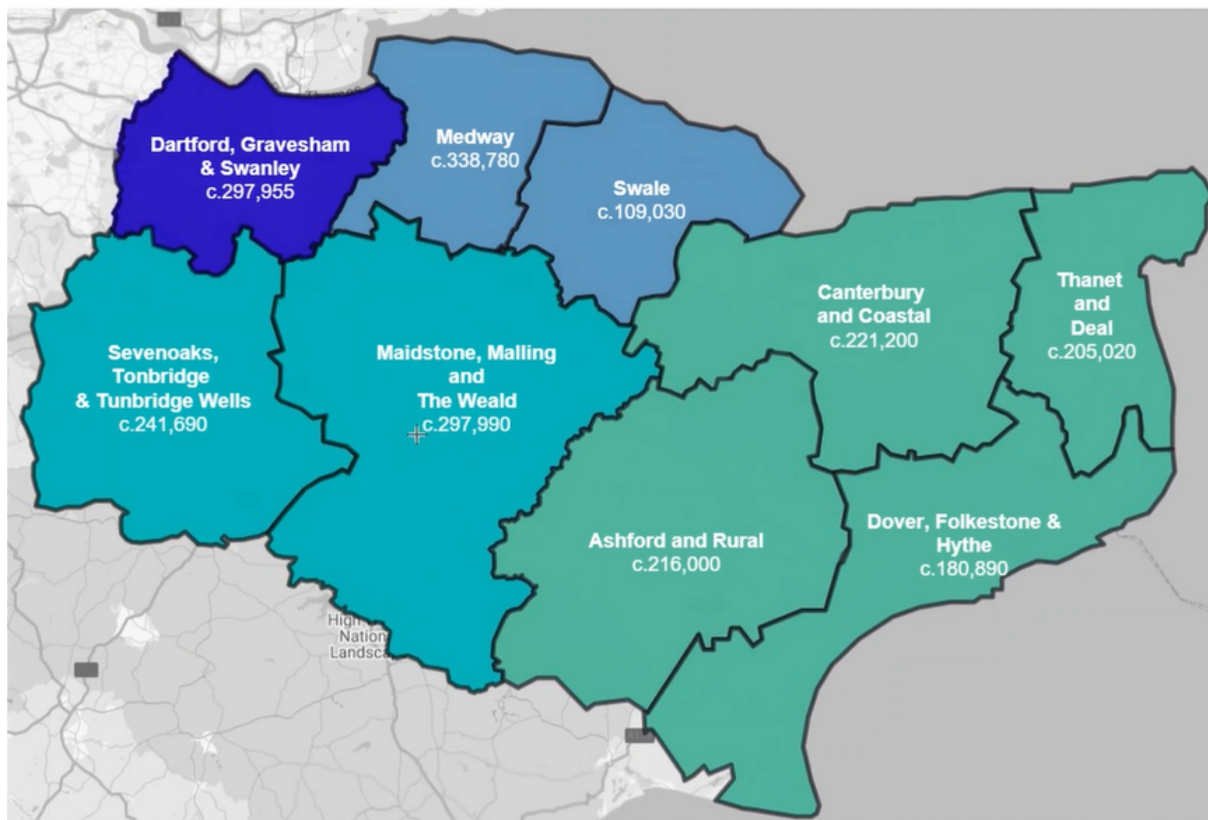
6.3 Additionally there will be Multi-Neighbourhood Providers (MNPs) with a clear relation to the Single Neighbourhood Providers providing services to a population of around 250 thousand people where it makes more sense for the services to be delivered at that scale. It is further important that these align with current and future local authorities

6.4 There are also plans to introduce Integrated Health Organisations (IHOs). These will be selected local providers with a whole population health budget for a given geography, covering one or more Multi-Neighbourhood Providers. The Integrated Health Organisation will allocate resources and plan services, and may hold contracts with other local providers. They will develop the infrastructure to shift resources from acute to community. NHS trusts will be designated by the Department of Health and Social Care (DHSC) and NHS

England to hold Integrated Health Organisation contracts. These designated trusts can then be commissioned by Integrated Care Boards using a newly developed Integrated Health Organisation contract. While only NHS organisations can be Integrated Health Organisations, neighbourhood providers can develop alliances with local NHS providers to be a part of Integrated Health Organisations. Additionally Integrated Health Organisations may commission primary care but must use the nationally agreed contracts

6.5 Kent and Medway ICB have been considering potential footprints for Multi-Neighbourhood Providers locally. There is a clear understanding that the footprints will need to evolve over time and that the “boundaries” of these footprints should not be so fixed that they become a barrier to care and support inequity of service by being too fixed.

6.6 Nine multi-neighbourhood footprints have been proposed in Kent and Medway each ranging from 109,030 to 338,4780 residents. These are designed to be large enough to enable collaboration, yet local enough to maintain a strong sense of place and identity, providing the right balance for effective joint planning and delivery. Each footprint brings together several single neighbourhoods to strengthen integration across health, care, and community services, support shared workforce planning, and align resources around local population needs. There are a total of 45 local Single Neighbourhood Providers based around existing primary care networks (PCNs)



7. Estate, Workforce and Finances

7.1 The NHS 10 year plan requires services to be local, digital, in the home, or if needed in a Neighbourhood Health Centre (NHC) or a hospital. Neighbourhood Health Centres are seen as a crucial part of Neighbourhood Health. It is proposed that they will link with Family Hubs, community centres, foodbanks, and with housing and employment services. GP services will be based in the Neighbourhood Health Centres. They will also seek to align with Mental Health Centres and Community Diagnostic Centres. The national plan is for 250 Neighbourhood Health Centres by 2035, with 120 in place by 2030. They will be a mix of repurposed existing estate and new builds, with 20% of the new builds funded through public capital and 80% through public-private partnerships. Wave 1 will be developed in deprived areas using existing estate.

7.2 Workforce considerations will be informed by the 10 Year Workforce Plan. The Neighbourhood Health workforce will mainly be existing staff working differently, for example consultants providing outreach, with staff working seamlessly across boundaries. It will however include some new services.

7.3 Neighbourhood Health Finances will be challenging, requiring a shift of resources from hospitals to community. ICBs will be required to prioritise funding to Neighbourhood Health, supported by an amended financial framework with some scope for new payment approaches that prove credible, as well as changes to the national Medium Term Plan allocations. Additionally, the Health and Wellbeing Board is asked to consider how shifts to local authority services might support NHS priorities.

8. Next Steps Outlined in the Framework

8.1 Further publications from the centre will help inform the ongoing development of Neighbourhood Health. These will include more detail around Neighbourhood Health Centres, new GP access targets, new payment approaches supporting shift of resources to the community and a raft of Modern Service Frameworks detailing best clinical practice in key diseases.

8.2 There are two required stages to deliver plans which can take place in parallel:

8.2.1 **Stage 1: Immediate changes in 2026/7**
Deliver the minimum requirements and lay future groundwork with wider partners through the Health and Wellbeing Board. The minimum requirements are largely (not exclusively) the responsibility of the NHS:

- A plan to reduce non elective admissions through increased capacity in urgent, rehabilitation and reablement services based on a population risk analysis
- A plan to reduce variation in access to GPs

- Agreed neighbourhood footprints
- Plans to establish Integrated Neighbourhood Teams focussed on high priority cohorts
- A plan on the approach to elective pathways
- Confirmed plans to meet the proposed 18 week community wait and to eliminate 52 week community waits
- Confirm the use of the Better Care Fund (BCF)
- Improve the primary/secondary interface with the “Red Tape “challenge
- Confirm data sharing plans

8.2.2 **Stage 2: Longer term (April 2027-March 2029)**
In parallel the Health and Wellbeing Board will develop a locally owned Neighbourhood Health Plan (NHP) to implement 2027/8. Much of the leadership here will sit with Local Authorities, and ICBs should work with Health and Wellbeing Boards and their partners to develop a locally owned Neighbourhood Health Plan. The Plan will:

- Provide an overview of how NHS objectives will be delivered through the three Reform Agendas
- Describe how Neighbourhood Health will support local goals around inequalities and health outcomes
- Link local objectives to the JSNA (Joint Strategic Needs Assessment)
- Confirm geographies
- Confirm organisational responsibilities
- Define governance and operational partnerships to deliver the Plan
- Describe how other local initiatives align with Neighbourhood Health e.g. Family hubs, housing, employment support

8.3 The agreed Neighbourhood Health Plan will be part of the ICB fiver year commissioning plan. Systems can go further if they wish, for example around Neighbourhood Health and prevention. Health and Wellbeing Board planning around Neighbourhood Health will also need to link to the use of the Better Care Fund (BCF).

9. Implications, challenges, and opportunities for Kent

9.1 The previous paper to this Cabinet Committee on Neighbourhood Health outlined specific opportunities for the authority’s directorates to work with NHS colleagues to deliver prevention in Kent. These opportunities remain important.

9.2 Work is underway to ensure that the Kent Health and Wellbeing Board can optimally impact on local health and wellbeing, and progress in that area is subject to a separate paper to this Cabinet Committee

9.3 Members will note that the stated timescale for implementation of the Neighbourhood Health Plan is from April 2027.This means that work to develop the plan needs to take place under the leadership of the Health and Wellbeing Board in the coming year.

9.4 The Kent Health and Wellbeing Board adopted the Kent and Medway Integrated Care Strategy (ICS) as its Joint Local Health and Wellbeing Strategy for 2024 to 2029. The Strategy was inclusive in its development and supported by a delivery plan for 2024-2026. Given that the key challenges to health and wellbeing have not changed, and the degree of ownership of the Integrated Care Strategy secured at the time, it is proposed that the Neighbourhood Health Plan be developed using the Integrated Care Strategy as the strategic context.

9.5 The Neighbourhood Health Plan will need to be informed by any key shifts defined in the JSNA, however it is unlikely that there will have been significant and material shifts in need since the development of the Integrated Care Strategy.

9.6 The Neighbourhood Health Plan will further be informed by key developments since that time including the Kent Prevention Framework, the Marmot Coastal Region initiative and the development of local Health Alliances.

9.7 It is important that Kent County Council best seize the opportunities presented by the Neighbourhood Health agenda to deliver both improved care and sustainability. A workshop took place internally at the end of April to surface opportunities for ASC and PH to influence the developing Neighbourhood Health agenda to best deliver the Kent ASC Prevention Framework.

10. Recommendation:

10.1 The Adult Social Care and Public Health Cabinet Committee is asked to NOTE the report and COMMENT on the outlined approach.

11. Background documents

Neighbourhood health report

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