



Report subject	Neighbourhood Health
Meeting date	29 th June 2026
Status	Public Report
Executive summary	<p>The Department of Health & Social Care published a Neighbourhood Health Framework on 17th March 2026 - Neighbourhood health framework - GOV.UK. The Framework sets out the key requirements associated with delivering on the governments ambition to embed neighbourhood health at the heart of bringing care into local communities; convening professionals into person-centred teams; and ending fragmentation. It also provides the platform for transforming access to general practice and preventing unnecessary hospital admissions whilst simultaneously supporting reintegration of healthcare into the social fabric of places.</p> <p>Under the guidance of the Health & Wellbeing Board, system partners are expected to work together to develop a locally owned neighbourhood health plan ready for implementation from 2027/2028. The document describes the expected core elements of neighbourhood health plans.</p> <p>To support preparation for implementation, the guidance also sets out key actions to be completed during 2026/2027 as part of developing the local plan:</p> <ul style="list-style-type: none"> • Agree the neighbourhood footprints around natural communities for the future development of INTs • agree plans to establish Integrated Neighbourhood Teams focused on high priority cohorts, including how devolving care budgets could work in their area <p>Work has already commenced in relation to these two points with the Dorset Neighbourhood Health & Wellbeing Programme well established and dedicated workstreams in situ. High priority cohorts have been identified with pilot schemes developed. Neighbourhood geographies (footprints) are actively being considered with a proposed timetable for Health & Wellbeing Board agreement in October.</p> <p>Separate national guidance regarding enabling Neighbourhood Health Centres was also published late April with an NHS England requirement to complete an initial precis of a potential pipeline of schemes for consideration under a Public Private Partnership</p>

	<p>(PPP) arrangement. Specific eligibility criteria are set out including the need for an onsite GP surgery. Short turnaround times allied to the level of detail requested have restricted the initial pipeline of schemes included for BCP Place to known and existing unfunded opportunities:</p> <ul style="list-style-type: none"> • Boscombe: Hawkwood Road / Kings Park Campus - Archetype 1: Hub-and-Spoke / Upgrade, Repurpose or Extend Existing NHS Estate • Poole Parkstone - Archetype 4: Purpose-Built Neighbourhood Health Centre • Poole Town Centre - Archetype 2: Repurposed Community or Civic Spaces <p>Existing funded work includes the development Winton Neighbourhood Health Centre which is scheduled to be open during the summer of 2026.</p> <p>Beyond the initial three identified schemes, ongoing consideration as part of neighbourhood plans will be given to further NHC opportunities across Christchurch and other neighbourhoods across Bournemouth and Poole.</p>
<p>Recommendations</p>	<p>The report recommends the Health & Wellbeing Board: It is</p> <ol style="list-style-type: none"> 1. Note the requirements set out within the national neighbourhood health framework and related guidance concerning neighbourhood health centres 2. Endorse the proposed initial pipeline of local neighbourhood health centres schemes submitted for NHSE consideration 3. Approve the proposed approach for developing and agreeing neighbourhood health geographies (footprints) in the BCP Place 4. Approve the proposed approach for development of a Neighbourhood Health Plan for BCP
<p>Reason for recommendations</p>	<p>Adheres to requirements set out within the National Neighbourhood Health Framework</p> <p>Pipeline of initial schemes adopts a pragmatic approach utilising known schemes to support NSHE submission within the prescribed timeframe</p> <p>Pipeline represents an interim submission which will be reassessed in the future based on our neighbourhood health plan, together with a more detailed assessment of population need and estates mapping and modelling.</p>

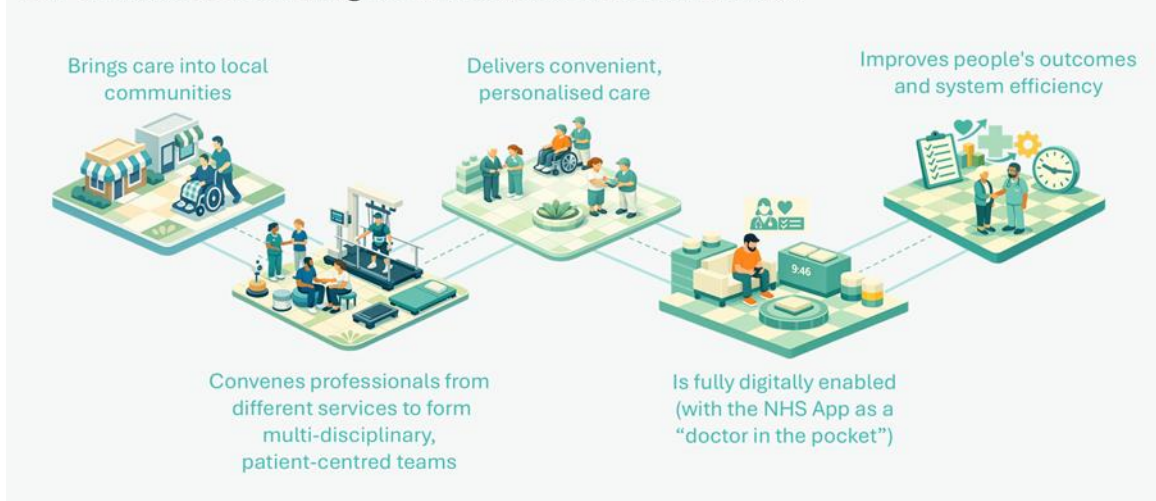
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Wards	All Wards
Classification	For Information & Decision

1. Background

- 1.1 The Department of Health & Social Care published a Neighbourhood Health Framework on 17th March 2026 - [Neighbourhood health framework - GOV.UK](#). The framework is designed to support local system partners (NHS Integrated Care Boards, Local Authorities (including Health & Wellbeing Boards), health providers and local Voluntary & Community Sector organisations to deliver on the vision set out within the national 10 Year Health Plan - Fit for the Future [Fit for the future: 10 Year Health Plan for England](#)
- 1.2 **Neighbourhood health** puts the person at the centre of how we deliver their health and care, by organising services so they can work together to serve a defined local population. Neighbourhood health features a central core component of wider public sector reform to enable joined up services across the full spectrum that impact peoples' ability to live happy, healthy lives. As such it is a new operating model that includes a broad spectrum of service areas working across and within local communities such as:
- GP's and community services
 - Urgent care, diagnostics, and outpatients
 - Adult and Children's Social Care
 - Public Health Services
 - Housing, employment support and welfare

The framework sets out the ambition for Neighbourhood health services:

Our ambition is for a Neighbourhood Health Service that...



2. National Neighbourhood Health Framework: Key Requirements

2.1 At the heart of a successful neighbourhood health approach lies strong working arrangements across the NHS, local authorities and partners that enables development and agreement of a joint vision, and the re-design of commissioning and delivery of services at neighbourhood level, including through integrated neighbourhood teams (INTs).

The Neighbourhood Health Framework sets out a series of nationally determined goals and objectives:

- Goal 1: improve health outcomes
- Goal 2: improve access to general practice
- Goal 3: improve experience of planned care
- Goal 4: better urgent and emergency care performance
- Goal 5: improve patient and staff satisfaction

2.2 To achieve these, ICBs working with partners are asked to implement a series of minimum reform interventions in every community across two stages over the next 3 years:

Reform agenda 1- Improve routine healthcare, so neighbourhood health benefits everyone	Reform agenda 2- Improve proactive care for people	Reform agenda 3- Deliver alternatives to hospital care
<ul style="list-style-type: none"> • Better access to GP services • Empowering GPs to deliver better care • Quicker diagnosis and reduced delays • Cutting bureaucracy and improving system flow • Using technology to improve productivity • Strengthening out-of-hours and pharmacy service 	<ul style="list-style-type: none"> • Develop integrated neighbourhood teams will coordinate care around people, not services to deliver better management of LTC, frailty, children and young people and cancer • Grow and strengthen community and neighbourhood care to reduce hospital demand • New model for planned care – shifting care closer to home through closer GP–specialist working • Joined-up data and pathways will enable proactive, personalised care 	<ul style="list-style-type: none"> • Expand urgent community response • Increase capacity of virtual wards • Increase intermediate care capacity • Pilot 24/7 neighbourhood mental health centres

2.3 **Stage One (2026 – 2027)**

ICBs and HWBs to start developing and embedding new ways of working with local government and wider partners and to start jointly developing their approach to neighbourhood health and wellbeing services in their area. Specific considerations for the Health & Wellbeing Board include:

- agreeing neighbourhood footprints around natural communities for the future development of Integrated Neighbourhood Teams (INTs)
- agreeing plans to establish INTs focused on high priority cohorts, including how devolving care budgets could work in their area
- Work towards developing and agreeing a neighbourhood health plan for the local authority

2.4 **Stage Two (2027 – 2029)**

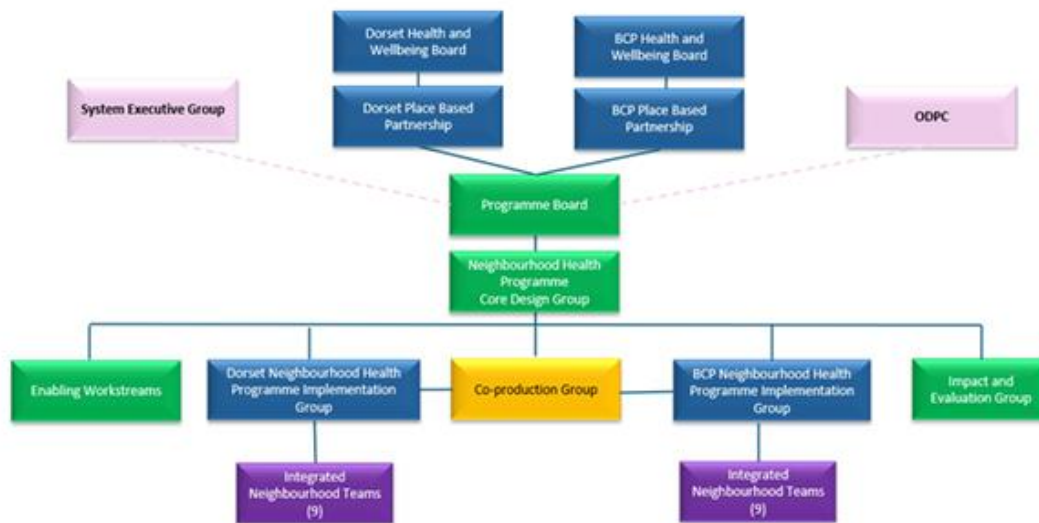
For implementation from at least the 2027 to 2028 financial years, ICBs should work with HWBs and their partners to develop a locally owned neighbourhood health plan. Neighbourhood health Plans will need to:

- provide a broad overview of how the national NHS objectives will begin to be delivered through the 3 reform interventions outlined above
- set out how neighbourhood health will support wider local goals to improve health outcomes and reduce health inequalities, and deliver on any locally agreed wider public service reform agendas
- set out how local objectives are informed by the JSNA, and any other assessments by ICBs or local authorities
- confirm final neighbourhood geographies that partners will then work within
- confirm which organisations are responsible for different elements of delivery
- confirm the arrangements that will be in place to deliver this, including governance and operational partnership arrangements
- confirm how any other relevant initiatives align with the strategy (such as Best Start in Life Family Hubs, housing, mental health hubs, and employment support)

3. **Dorset Neighbourhood Health & Wellbeing Programme**

- 4.1 The Dorset Neighbourhood Health & Wellbeing Programme pre-dates the publication of the neighbourhood health framework and is a vehicle to support delivery of key elements of a neighbourhood health approach, notably improving proactive care for people via the development of Integrated Neighbourhood Teams. Although a Dorset wide programme, governance has been developed in a way that facilitates place-based delivery within each of the two places in Dorset – BCP Place and Dorset Place.

Programme Delivery Governance



4.2 Work has commenced with particular efforts focused on addressing national NHSE requirements to target priority cohorts:

- People with frequent and highly intensive use of acute hospital services
- Frailty (High/Very High) & Falls (High / Very High Risk)
- Individuals identified as having a rising risk of hospital admission

4.3 Progress to date has been positive with development and activities completed under the broad headings of:

- Building the Team approach
 - Lunch and Learns – getting to know colleagues and services
 - Staff barriers and opportunities surveys
 - Neighbourhood Service Directories
 - Work shadowing, joint training and skill sharing
 - New insulin SOP being rolled out countywide
 - Continuing Health Checks – integrating ways of working to complete and support
 - Identifying co-Location opportunities
 - Integrated nursing team pilots
- Integrating care around Individuals:
 - Group clinics – leg clubs and now developing model in diabetes
 - Children and Young People Multi-disciplinary Teams (MDTs) development
 - Allied Health Professionals at the Social Care front door
 - Multi-disciplinary Falls Clinics
 - Scoping for an integrated community cancer service
 - Peri-Operative pathway development for complex patients
 - People with highly intensive use of services – Person centred MDTs commenced resulting in improved co-ordination and earlier identification of gaps that are informing targeted pathway and role development.

- Developing and testing Carousel Clinic models across INTs, with different approaches emerging
- Agreement to adopt a consistent Dorset Treatment Escalation Plan (TEP)

4.4 The focus for the programme over the next 12 months is:

Neighbourhood Team Delivery Framework	<p>Developing the operating model for optimal neighbourhood working</p> <ul style="list-style-type: none"> • Core Team and priority cohort INTs • Governance, workforce development and organisational barriers <p>Bringing acute specialists into Neighbourhoods</p> <ul style="list-style-type: none"> • Developing and testing models for specialists to support neighbourhoods
Cohort focused interventions and impact evaluation	<p>Supporting individuals at high and rising risk of frailty and falls</p> <ul style="list-style-type: none"> • TEPs, deprescribing and care co-ordination/ navigation <p>Local neighbourhood priority cohorts – testing, learning and scaling</p> <p>Expansion / extension of cohort</p>
Women’s and Children’s	<p>Co-produced women’s health model pilots implementation and evaluation</p> <p>Children and Young People’s MDT pilots – testing, learning and scaling</p>
Neighbourhood Estates	<p>Developing a neighbourhoods estates plan across all sectors and integration with neighbourhood mental health hubs</p>
Future Model Development	<p>Co-produced, holistic, care and support model for Adults with Multiple Long-Term Conditions</p>

4. Neighbourhood Geographies (Footprints)

4.1 The national framework outlines the need for Health and Wellbeing Board’s to agree the neighbourhood geographies around which neighbourhood health services should be delivered. These geographies should enable people and communities to have input into the shift to neighbourhood health in their area. Key principles aimed at supporting this include:

- considering the footprint of INTs in terms of local authority boundaries
- choosing geographies that work best for the local place, taking into account a broad range of requirements such as:
 - the local health economy
 - access requirements
 - local governance structures (for example, area committees, ward partnerships and town or parish councils or their equivalent)

4.2 This builds on existing principles previously set out by the national team as part of the National Neighbourhood Health Implementation Programme:

- Neighbourhoods that make up a place, are based, where possible, on ‘natural’ communities and boundaries recognisable to local people.
- Each neighbourhood has a range of services and statutory, non-statutory and community assets for people living in those communities.

- Neighbourhood health services form a component part of a wider support offer and work jointly with, local authority-commissioned services, including adult and children's social care and public health. Services should also be aligned to other services and community assets such as food banks, housing services, schools and faith groups.
- Neighbourhood footprints need to be balanced in terms of population size and level of need to ensure health inequalities are not concealed within larger geographical areas. Although original guidance suggested neighbourhood populations within the range of 30,000 – 50,000 people, this does not preclude local areas from defining larger or smaller footprints.

4.3 Prior to the Dorset Neighbourhood Health & Wellbeing Programme, GP practices and Primary Care Networks were used as the building blocks for integrated neighbourhood teams on the basis that:

- GP practices are intricately connected to their local communities, they are easily mapped to council wards and individuals tend to know which GP practice they are registered with
- GP Practices hold the most comprehensive health information set about the local population and by linking that to the data collected at ward level it enables a more complete understanding of local population needs.

4.4 In practice this has meant that Integrated Neighbourhood Teams have been developed in line with PCN footprints which are not aligned with local authority wards or natural communities. As such, currently a total of 9 INTs exist within the BCP place that are coterminous with existing PCN boundaries that in cases overlap and spread into neighbouring local authorities. Ongoing conversations with the BCP place as part of the neighbourhood health & wellbeing programme have highlighted a number of differing views on future neighbourhood health footprints. While the rationale to use GP practices as the building blocks for integration still makes sense, the recent national guidance puts into question the continued use of the PCN boundaries as the basis for developing neighbourhood health & wellbeing services. Thus, in accordance with national guidance requirements, work has commenced to develop an options appraisal and recommendation to be presented to the Health & Wellbeing Board for a decision.

4.5 The process and timelines for this are outlined below:

April – May 2026

1. Draft a set of principles, to be used to assess the footprint options.
2. Develop three options for consideration:
 - Existing PCN footprints
 - Ward based boundaries informed by the local authority, NHS Dorset and the GP Alliance
 - Further proposal based on BCP PCN collaboration discussions

June – September 2026

3. Engage key stakeholders in the review and refinement of the principles and invite other footprint options for consideration.

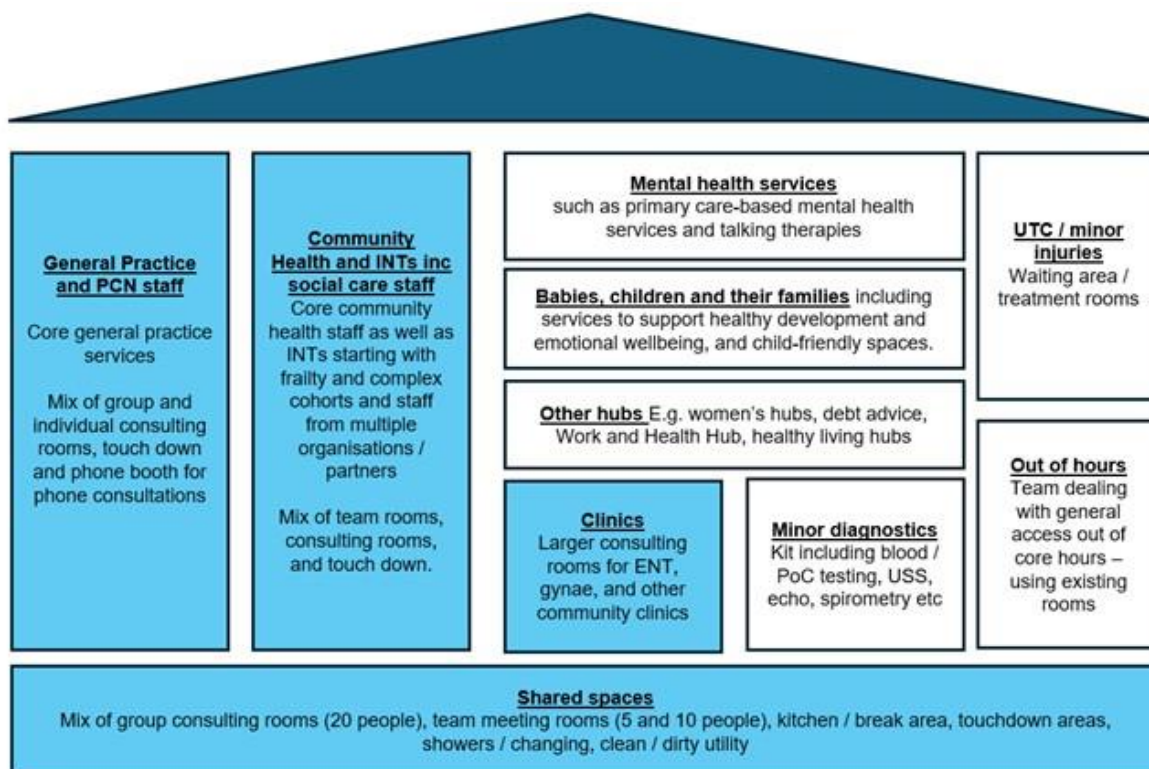
4. Complete options appraisal and develop recommendations.

October 2026

5. Recommendation to Health & Wellbeing Board for a decision

5. Neighbourhood Health Centres

- 5.1 The ambition within the 10-year Health plan for neighbourhood health centres (NHC) is that they may:
 - be based in every community (defined as a population of around 50,000), focused on places where healthy life expectancy is lowest
 - be a 'one stop shop' for patient care, and recognised as the place to go for the majority of health needs
 - be based around general practices, co-locating community care and bringing traditionally hospital-based services such as diagnostics, post operative care and rehabilitation into the community
 - be a place from which multidisciplinary teams operate
 - ideally, co-locate a wider range of local government and voluntary sector services to help create an offer that meets population need holistically: for example, through offering services like welfare advice (covering issues such as debt and housing), employment support and smoking cessation or weight management services
 - help ensure, through co-location, convenient access to services, particularly for those with complex needs, and support more integrated working by professionals
 - shift outpatient care from hospitals into the community
- 5.2 Neighbourhood health centres are intended to form part of an asset-based neighbourhood approach, building on existing community strengths, services and infrastructure. They are designed to support prevention, integration and place-based working by connecting health services with wider networks of support, community activity and health promotion, rather than operating as standalone clinical facilities, contributing to a wider ecology of care that supports people throughout their lives.
- 5.3 The publication of [NHS England » Neighbourhood health centre](#) (April 2026) guidance defines the concept of a neighbourhood health centre and its core components in more detail.



- 5.4 The infographic shows the core components of a neighbourhood health centre, presented as a building layout. The layout is divided into coloured sections that represent different services delivered under one roof, supported by shared facilities. The shaded blue boxes identify the minimum requirements for designation as an NHC ie the core NHC model. Non-shaded areas represent additional elements that make up Core+ and Core++ NHCs.
- 5.5 The guidance positions NHCs as a core enabler of neighbourhood health delivery, supporting integrated, multidisciplinary models of care spanning:
- General practice;
 - Community services;
 - Mental health;
 - Local authority services;
 - Social care; and
 - Community and voluntary sector.
- 5.6 It is expected that new NHCs will be open at least 12 hours a day, 6 days a week, providing access to co-ordinated services locally. On-site General practice is seen as a critical element of the model, not simply sessional input.
- 5.7 NHCs should also be viewed as anchor institutions: stable civic assets that contribute to wider social and economic development. By repurposing underused buildings and increasing local footfall, centres can support regeneration and strengthen community resilience, while addressing the wider determinants of health.

- 5.8 The NHS England Neighbourhood Health Centre guidance includes a requirement for ICBs to submit initial plans by the 28th May including:
- the latest thinking on how they will define neighbourhoods geographically in their area.
 - a clear articulation of proposed neighbourhood health estate, listing existing facilities and the upgrade and new build schemes proposed.
 - for upgrade and new build schemes, information about how these proposals align to the criteria against which schemes will be assessed.
 - a list of disposals that will be enabled through investment and improved utilisation.
- 5.9 Schemes may continue to be refined or amended after submission as planning develops and further assurance is undertaken. It is not expected that all schemes will be fully worked up by the time of submission, but sufficient detail will be needed to enable regional and national review, challenge and prioritisation.
- 5.10 Given the tight timeframes for a return, it presents limited opportunities for widescale engagement. Thus, the approach adopted has been built upon existing strategic estates planning undertaken recently in support of NHS capital developments. Aligning existing work with the specific criteria set out above identified 3 initial BCP focused schemes that have been proposed for inclusion in the 28th May NHS England submission:
- Boscombe – Hawkwood Road & Kings Park (the latter as a neighbourhood mental health centre)
 - Poole Parkstone
 - Poole Town Centre
- 5.11 NHSE and Regions will assess submitted schemes against seven core criteria:
- Strategic alignment with neighbourhood health objectives;
 - Coherence between service model, GP provision and physical estate;
 - Intelligent strategic estates planning;
 - Deliverability and pipeline readiness;
 - Financial sustainability and revenue affordability;
 - Governance, leadership and partnership maturity; and
 - Local strategic alignment and regeneration impact.
- 5.12 A formal Neighbourhood Health Centre programme at ICB Cluster level is currently being proposed as a means of providing clear leadership, grip and assurance at scale alongside a pragmatic assurance view of the current pipeline, identification of key dependencies, affordability considerations and risks requiring management as schemes progress through governance and national assurance.
- 5.13 In tandem a proposal for a specific estates workstream is being considered within the aforementioned Dorset Neighbourhood Health & Wellbeing Programme with the aim of:

- Creating greater alignment across existing local estates conversations
- Ensuring local estates planning supports the neighbourhood model and service transformation ambitions (and vice versa)
- Identifying opportunities for shared use, co-location, and more integrated delivery models in each place
- Supporting more strategic, place-based decision making, rather than neighbourhood-by-neighbourhood or programme-specific approaches

It is envisaged the local workstream and programme will provide a local forum to foster greater connectivity, enable better use of existing assets and strategic estates planning that can be fed into the formal ICB cluster programme.

- 5.14 Within BCP Place, NHC developments are already taking shape via a separate scheme that pre-dates the publication of latest guidance. **Winton Neighbourhood Health Centre** is scheduled to open during the summer of 2026 following £1.2m NHS capital investment to create a modern, fit-for-purpose, facility that will host a GP practice and a range of community health services in accessible location with excellent public transport links.

6. Interdependent and Aligned Programmes

- 6.1 [Best Start in Life](#) – As part of Best Start in Life reform, local authorities have been asked to develop local plans to improve early child development and health outcomes by 2028 through integrated, locally tailored approaches, focused on prevention, that support the healthy development of all children. HWBs are encouraged to ensure alignment between neighbourhood health and Best Start local plans.
- 6.2 [Best Start Family Hubs](#) will provide health services, with a particular focus on 0 to 5 year olds, including Healthy Babies services. They improve child health and development outcomes by streamlining access to early, co-ordinated support and strengthening the integration of local services around families. As part of developing Neighbourhood Health Plans, HWB's are asked to consider how they will:
- use Best Start Family Hubs, as part of their neighbourhood health infrastructure, to provide health services in community settings
 - ensure services are organised around the needs of babies, children and families to proactively identify risks and early signs of developmental delay and target early interventions
 - make sure that existing plans for Best Family Hubs complement and do not duplicate any new Neighbourhood Health Centres and vice versa
- 6.3 Local [SEND Reform Plans](#) is designed to deliver high-quality support to children as soon as a need is identified. This includes development and implementation of an integrated local 'Experts at Hand' offer to provide early support to children with SEND.
- 6.4 Reform of children's social care and safeguarding will place more emphasis on earlier intervention and embedding support in communities for children and families, delivered through the [Families First Partnership programme](#). Local authorities should consider, as part of planning with ICBs through HWBs, how the recruitment and deployment of

family help and multi-agency child protection teams will complement and work jointly with new INTs.

- 6.5 Three neighbourhoods in the BCP Place (West Howe, Boscombe West and Hamworthy West) have been selected for investment through the Government's [Pride in Place programme](#), aimed at revitalising high streets, improving public spaces, and strengthening community pride. Pride in Place neighbourhood boards, made up of local people and led by an independent chair, will come together to come up with a plan for the future of their place (neighbourhood). Boards may choose to invest in interventions to improve health outcomes locally and will bring local residents together to shape and influence local health services and will need to be considered as part of developing aligned neighbourhood health plans.
- 6.6 Work to address wider determinants of health include [Local Get Britain Working plans](#) which set out a holistic approach to understanding and tackling challenges within local labour markets, including those related to health. The [Get Dorset & BCP Working Plan](#) brings together local organisations and services that support residents into work or training, while recognising that good health and wellbeing play a vital part in helping people start, stay, and succeed in employment.
- 6.7 The [Pathways to Work Green Paper](#) set out plans to offer personalised work, health and skills support for all disabled people and people with health conditions on out-of-work benefits. The goal is to combine new investment with existing capacity under the banner of 'Pathways to Work'; building upon and bringing together a range of existing support options tailored to individual needs from a diversity of providers, such as WorkWell, [Dorset Work Matters \(Individual Placement Support\)](#), and [Connect to Work – Employment Support & Career Help in Dorset](#).
- 6.8 The government's [national plan to end homelessness](#) aims to end all forms of homelessness and improve local support for people with complex, co-occurring needs. BCP are updating the Homelessness and Rough Sleeping Strategy.
- 6.9 Housing policy reforms to improve housing in England, including the [Decent Homes Standard](#), which will include new minimum energy efficiency standards. These will set a minimum standard for all rented homes to be safe, decent and warm. [Awaab's Law](#) also requires social landlords to investigate and remedy dangerous hazards within fixed timescales.
- 6.10 The [Tackling Loneliness Hub](#) is a government-funded platform for professionals across the country to share best practice and research with the aim of working together to tackle loneliness and build more social connections within our society.
- 6.11 Making more effective use of established networks and community resources, such as library services and sport facilities, is important. As established spaces in local communities that may already provide or host a range of important preventative work, there is scope to consider how such services can be used to contribute to neighbourhood health.

7. Neighbourhood Health Plan for BCP Place – Proposed Approach

7.1 As set out within the introduction, the national Neighbourhood Health Framework outlines a series of requirements health and wellbeing board partners need to consider as part of developing local neighbourhood health plans. The framework itself significantly strengthens the role of Health and Wellbeing Boards, positioning them as collective strategic leaders, convenors and stewards of neighbourhood health. Neighbourhood health plans also need to be embedded into the ICB 5-year strategic commissioning plan and relevant local authority strategies.

The HWB is expected to:

- Jointly develop the neighbourhood plans.
- Agree the neighbourhood footprints around which services will be delivered; ensuring they make sense for social care, housing, public health and VCSE.
- Set and agree local priorities, objectives and metrics (in addition to the national goals).
- Ensure alignment between local outcomes framework and adult and social care priorities.
- Hold the system to account for delivery and impact
- Anchor neighbourhood health in wider public service reform.

7.2 As a minimum, neighbourhood health plans need to:

- Set out how neighbourhood health will support wider local goals to improve health outcomes and reduce health inequalities, and deliver 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 3 reform agendas noted earlier:
 - Improve routine healthcare so neighbourhood health benefits everyone
 - Improve proactive care for people
 - Deliver alternatives to hospital care
- Set out how local objectives are informed by the JSNA, and any other assessments by ICBs or local authorities, as deemed necessary by them and the HWB
- Confirm final neighbourhood footprints that partners will then work with
- Confirm which organisations are responsible for different elements of deliver
- Confirm the arrangements that will be in place to deliver this, including governance and operational partnership arrangement
- Confirm how any other relevant initiatives align with the strategy (such as Best Start in Life Family Hubs, housing, mental health hubs, and employment support

7.3 Proposed approach to development of a neighbourhood health plan for BCP Place:

Action	Considerations	Timeframe
Convene a dedicated steering group to oversee plan development (health, local authority and voluntary sector)		May 2026
Develop a proposed joint vision		June 2026
Define local outcomes	informed by: <ul style="list-style-type: none"> • existing joint strategic needs assessments • community insights • health inequalities 	June 2026
Map and understand existing work that aligns with delivery of the 3 reform agendas and defined local outcomes	<ul style="list-style-type: none"> • Neighbourhood Health & Wellbeing Programme • Planned Care Delivery Group • Urgent & Emergency Care Delivery Group • Primary Care Delivery Group • Mental Health, LD & Autism Delivery Group • Housing & Homelessness • Pride in Place • Pathways to Work • Children & Young Peoples Partnership 	June – October 2026
Identify gaps in plan requirements, consider potential new initiatives and workstreams for inclusion	Consider alongside any proposed governance arrangements Understand impact on capacity	June – October 2026
Set out proposed governance and operational delivery arrangements for the neighbourhood health plan	Note governance arrangements for existing workstreams	October – November 2026
BCP Neighbourhood Health Plan approval by the Health & Wellbeing Board		January 2027

8. Summary & Recommendations

- 8.1 Health & Wellbeing Board members are requested to note the publication of the national neighbourhood health framework, the associated responsibilities for the Health & Wellbeing Board set out within this paper and the aligned workstreams.
- 8.2 The board is also requested to:
1. Endorse the proposed initial pipeline of local neighbourhood health centres schemes submitted for NHSE consideration
 2. Approve the proposed approach for developing and agreeing neighbourhood health geographies (footprints) in the BCP Place
 3. Approve the proposed approach for development of a Neighbourhood Health Plan for BCP

Appendices

1. Neighbourhood Health Framework, Department of Health & Social Care, 2026
2. Neighbourhood health centre guidance for regions and integrated care boards, NHS England 2026
3. Neighbourhood health centres: design and performance specification, NHS England, 2026