HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Report subject	**Neighbourhood Health**
Meeting date	22nd September 2026
Status	Public Report
Executive summary	The Department of Health & Social Care Neighbourhood health framework - GOV.UK sets out 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. Core principles are outlined with Health & Wellbeing Boards to oversee the delivery of reform interventions to be implemented in the next 3 years through 2 stages Stage One (2026/27): • Agree neighbourhood footprints around natural communities for the future development of Integrated Neighbourhood Teams • Agree plans to establish Integrated Neighbourhood Teams focused on high-priority cohorts, including how devolving care budgets could work in their area • Work towards developing and agreeing a locally owned neighbourhood health plan for implementation from 2027 onwards Stage Two from 2027 onwards: • Implementation of a locally owned neighbourhood health plan. Local work is progressing through the established neighbourhood health & wellbeing programme. Engagement is underway to appraise potential options for future neighbourhood footprints with a view to supporting a recommendation to the Health & Wellbeing Board. Priority cohorts have been defined in line with the national framework requirements with local teams focusing on the top 1% alongside other neighbourhood needs based interventions.

Recommendations	The Committee is asked to **note** the report
Reason for recommendations	Forms part of an ongoing programme of work to deliver on the ambitions set out within the Neighbourhood Health Framework
Portfolio Holder(s):	David Brown – Portfolio Holder for Health & Wellbeing
Corporate Director	Laura Ambler – Corporate Director of Wellbeing
Report Authors	Mark Harris – Deputy Place Director (BCP), NHS Dorset Lauren Leete, Deputy Delivery Director – Neighbourhood health & Wellbeing Programme
Contributors	Rob Carroll, Director of Public Health
Wards	Council-wide
Classification	For Update

Introduction

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.

Under the guidance of the Health & Wellbeing Board, system partners are working together to develop a locally owned neighbourhood health plan ready for implementation from 2027/2028.

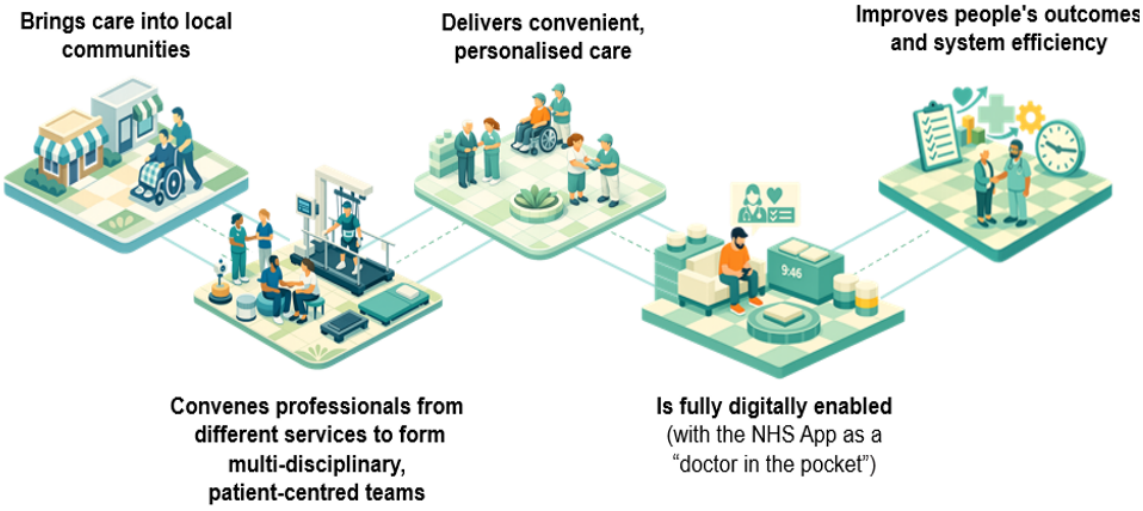
Core principles of the plan are framed on:

- Integrating services so that they are organised around people's lives
- Improving long-term outcomes for people through a focus on prevention, relying less on expensive crisis management
- Devolving 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

The guidance sets out core elements to be addressed through the implementation of the plan:

- Improve people's health and care outcomes
- Organise services around the person
- Reduce pressure on acute hospital services
- Cut waste and duplication
- Enable delivery of NHS core targets

The ambition is to create a Neighbourhood Health Service that



2026/27 Key deliverables:

- Agreeing neighbourhood footprints around natural communities for the future development of Integrated Neighbourhood Teams
- Agreeing plans to establish Integrated Neighbourhood Teams focused on high priority cohorts, including how devolving care budgets could work in their area

Work on delivery is progressing through the established Neighbourhood Health & Wellbeing Programme.

Neighbourhood Footprints

At the outset of work to develop integrated neighbourhood teams in 2024, agreement was made through the programme governance to use primary care network arrangements as a starting point for work to begin. Following the publication of the Neighbourhood Health Framework, current arrangements are now being re-visited to test effectiveness and resonance to the new framework and consider other potential options.

Identified options to date include:

- Retaining existing working arrangements framed around primary care networks
- Grouping local authority wards into neighbourhoods
- Combining elements of the two set out above

Partners are working collaboratively to stress test options against a defined set of criteria which are outlined below:

- Puts the community at its heart – consists of recognisable, ‘natural’ communities
- Contained within a single place boundary (BCP Local Authority)
- Uses GP practices as a building block
- Avoids fragmented or disconnected geographies
- Balances practical delivery with community identity enabling the neighbourhood team to have a deeper understanding of their local population
- Fosters equitable resource allocation based on population need
- Reduces overlaps that confuse residents and professionals (recognising no solution will be perfect and cross boundary access will always occur)

Other key factors to be incorporated in the appraisal include:

- Community voice and insights
- Inclusion of a range of services and statutory, non-statutory and community assets for people living in those communities
- What works 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)
    - Pride in Place neighbourhood boards
- Balance of population size and level of need to ensure health inequalities are not concealed within larger geographical areas – optimal population of 30,000 – 60,000

The appraisal of options will subsequently inform a recommendation to the Health & Wellbeing Board for agreement later this year.

Plans to establish Integrated Neighbourhood Teams focused on high-priority cohorts

Within the local Neighbourhood health & Wellbeing Programme, tiered population cohorts have been defined with teams focusing on the top 1% alongside other neighbourhood needs based interventions.

Tiers	% of pop.	Level of need	Prioritised type of care
Tier 1	**1%**	**Very high need** Multiple Long-Term Conditions, Frailty, High Intensity Users, Social Vulnerability	**Proactive**
Tier 2	**2%**	**High need** Significant Long Term Condition burden or non-medical risks, not yet as complex as Tier 2 but with clear risk of escalation	**Proactive**
Tier 3	**17%**	**Moderate need** Stable and may have Long Term Conditions but rising risks, who can benefit from early interventions	**Early Intervention**
Tier 4	**80%**	**Low need** Minimal clinical complexity and low risk of deterioration	**Prevention**

Proactive interventions are framed around structured case management, use of treatment escalation plans and multi-disciplinary working aimed at preventing deterioration and avoidable hospital admission.

Each integrated Neighbourhood Team (INT) is also developing locally determined initiatives to test new ways of working aligned to delivering on the overall aims and objectives of the programme. Examples of initiatives are included below:

- Development of carousel style clinics: bringing medical specialists and multi-disciplinary professionals together under one roof, making specialised services more accessible and convenient for local residents outside of major hospital settings
- Consistent use of treatment escalation plans within care homes
- Reducing High Intensity Use of services through co-ordinated care

Co-production lies at the heart of the programme with a dedicated group ensuring the focus remains on sharing power, being accountable and making a difference. A core principle of this is centred on increasing the participation of people with lived experience and communities across all elements of the programme.

To enable successful and sustainable implementation work has now also begun to co-design how the Neighbourhood Core Team will work in day to day delivery, enabling a ‘no wrong door approach’.

Summary & Conclusion

Local partners continue to work together to progress work aimed at achieving the ambitions set out in the national Neighbourhood Health Framework.

A commitment to co-production underscores ongoing engagement to meet nationally mandated 2026/27 deliverables and support the development of a locally owned Neighbourhood Health plan for BCP Place.

Committee members are asked to note progress to date.