



Herefordshire
and Worcestershire

Title of report: Neighbourhood Health Programme 2025/26

Meeting: Health and Wellbeing Board

Meeting date: Monday 15 September 2025

Report by: Joanne Hodgetts Head of Integrated Primary & Community Services - NHS Herefordshire and Worcestershire Integrated Care Board

1. Purpose

Neighbourhood health is a concept which is fundamental to the delivery of the 10 Year Health Plan for England: Fit for the Future. This report provides an update on progress made towards developing this approach in Herefordshire.

2. Recommendations

The Health and Wellbeing Board is asked to note to contents of this report for assurance.

3. Key considerations

3.1 Background

The [10 Year Health Plan for England: Fit for the Future](#) is a landmark moment for the NHS and wider health and care system. It sets out that in the future, a neighbourhood health plan will be drawn up by local government, the NHS and its partners at single or upper tier authority level under the leadership of the Health and Wellbeing Board. The ICB will bring these together into a population health improvement plan for their footprint and use the plans to strategically commission neighbourhood health services.

Neighbourhood Health will embody the prevention principles that care should happen:

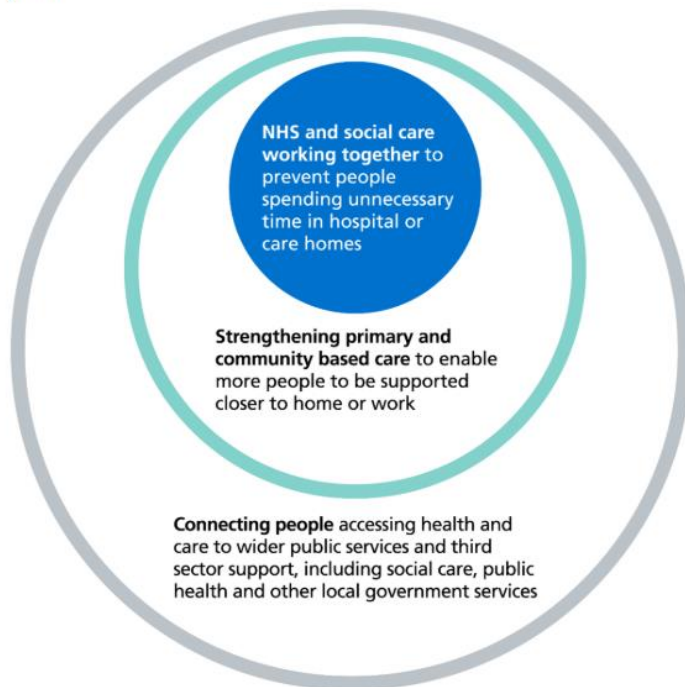
- as locally as it can
- digitally by default
- in a patient's home if possible
- in a neighbourhood health centre (NHC) when needed
- in a hospital if necessary

The [Neighbourhood health guidelines 2025/26](#) detailed initial priorities to set the foundations. Over the coming months, the focus will be on creating the national and local conditions for different ways of working. Figure 1 below shows the aims for all neighborhoods over the next 5 to 10 years. For 2025/26, systems are asked to focus on the innermost circle to prevent people spending unnecessary time in hospital and care homes. As core relationships between the local partners grow stronger, we expect systems to focus increasingly on the outer circles. This will involve exploring their own ways of building

or reinforcing links with wider public services, the third sector and local communities to fully transform the delivery of health and social care according to local needs.

Fig. 1.

Diagram showing the aims for all neighbourhoods over the next 5 to 10 years



The initial cohort of focus at the centre of the diagram has been estimated at around 7% of the population and associated with around 46% of hospital costs. Systems are asked to initially prioritise specific groups within this cohort where there is the greatest potential to improve levels of independence and reduce reliance on hospital care and long-term residential or nursing home care, both improving outcomes and freeing up resources so systems can go further on prevention and early intervention. This approach is likely to focus on around 2% to 4% of the population.

The significant change in operational model will enable places to move away from multiple, fragmented siloes across community care, primary care, mental healthcare, hospitals, social care providers, local government and the voluntary sector.

3.2 Herefordshire Neighbourhood Health Programme

Partnership working and governance is already strong in Herefordshire and we benefit from the Health and Wellbeing Board being the main mechanism in instilling structures for joint working across the health and care organisations in Herefordshire to improve the health and wellbeing of the local population, and The One Herefordshire Partnership driving the co-ordinated planning and delivery of the Herefordshire health and care system in order to realise the benefits of the Health and Wellbeing Strategy.

The national plan describes ‘significant license to tailor approach to local need, whilst being clear about the outcomes expected’. This, alongside the local work to date on Neighbourhood Health, particularly around the development of Integrated Neighbourhood Teams, puts Herefordshire in a strong position to drive local implementation of the national plan priorities. However, it is important to recognise that this transformation will need to go beyond the work of the existing Neighbourhood Health programme and become the central to the new system operating model going forward.

Our local programme of work aims to support to establish and deliver a new model of multi-organisational care closer to home for individuals from targeted cohorts at place level prior to winter 2025, to provide proactive, planned and responsive care based on population needs

Through strengthened community partnerships, early intervention, and redesigned care pathways, we will create a system that is proactive rather than reactive. Our commitment to listening to patients and acting on their lived experiences ensures that care is not only clinically effective but also compassionate and responsive to local needs.

Our teams will oversee and deliver a range of services including holistic assessments, case reviews, care planning and coordination of services, with a core team managing complex cases and linking to extended specialist resources as needed through a multidisciplinary way of working.

3.3 Progress to date

3.3.1 Learning from other areas

The recently formed Community Collaborative group held an interactive workshop 1st July 2025, where colleagues from Northampton Neighbourhood Teams shared their operational model and invaluable learning from five years development to date, which has resulted in real term reduction in admissions for those over 85 against demographic growth, and reduction in persons over 65 having five or more unplanned hospital admissions in a twelve month period. Patients rate the service 4.87 out of 5 stars and numerous inspiring stories were shared were simple interventions resulting from the MDNT model have had significant positive on individuals.

The Community Collaborative were able to share learning with Northampton on challenges that we have overcome and agreed to support each other as we develop our offer. The Community collaborative identified the Northampton model is an appropriate basis for Herefordshire to develop from, and following workshops have enabled the development of the implementation plan and contributed to the ICB Neighbourhood Health Delivery Framework design.

3.3.2 Focusing on the six core components

Through One Herefordshire Partnership leadership, providers worked jointly with the ICB as part of an ICS Accelerator Site Programme in 24/25 in developing Integrated Neighbourhood working, which gleaned rich learning and identified critical actions to support partners at place to develop and roll out. Herefordshire's key learning from integrating community wellbeing roles included the need to identify a digital enabler to support integrated working and overcome the barriers of multiple organisations system.

Following the publication of the Neighbourhood Health Guidelines in January 2025, One Herefordshire Partnership delivery priorities were reviewed and realigned to mirror the guidelines core components and Senior Responsible Officers aligned. In July 2025 a maturity matrix self-assessment was completed against these six core components:

- Population Health Management (PHM)
- Modern General Practice
- Standardising Community Health Services
- Multidisciplinary Neighbourhood Teams (MDNTs)
- Integrated Intermediate Care ('Home First')
- Urgent Neighbourhood Services

3.3.3 Identifying initial cohorts

Utilising the PHM+, and triangulating individual partners data in a number of focused workshops supported by analytical and clinical colleagues, and testing options with partners and our Northampton colleagues has resulted in initial cohort identification of people living with 4 or more Long Term Conditions, and have had one or more hospital admission in the past 12 months; this equates to 1147 people currently or 0.56% of the population, in addition to people identified living in Lower Super Output Areas (LSOAs), which have been identified as having disproportionately high rates of avoidable emergency admissions, greater deprivation and evidence of unmet health needs.

3.3.4 The National Neighbourhood Health Implementation Programme

Herefordshire partners have submitted an Expression of Interest to join the National Neighbourhood Health Implementation Programme, which we hope will provide us greater opportunity to test new contracts such as the multi-neighbourhood provider contract and enhance our ability to operationalise at pace with access to national support, feeding directly into the National Neighbourhood Health Advisory Group, and utilising the group to unblock wicked issues.

4. Next steps

Whilst awaiting the outcome of our expression of interest to the National Implementation Programme, the current work programme development and delivery will continue, prioritising a soft launch of MDNTs prior to winter.