



# Title of report: Neighbourhood Health update

**Meeting: Health and Wellbeing Board**

**Meeting date: 18 May 2026**

**Report by: Director of Public Health**

## Classification

Open

## Decision type

This is not an executive decision

## Wards affected

(All Wards)

## Purpose

In March, the government published its much-awaited [Neighbourhood Health Framework](#). It sets out in new detail what neighbourhood health aims to do and how this will be achieved, building on the 10 Year Health Plan, the Neighbourhood Health guidelines 2025/26 and the Medium-Term Planning Framework.

The purpose of this paper is to provide a summary update on neighbourhood health progress in Herefordshire.

## Recommendation(s)

That:

- a) **The Health and Wellbeing Board consider the Neighbourhood Health Framework; and**
- b) **The Health and Wellbeing Board note local progress in developing neighbourhood health.**

## Key considerations

### 1. Background

At its heart, Neighbourhood Health should be about bringing care closer to where people live, strengthening prevention, and making sure services are joined up across the NHS, local government, social care, and the voluntary sector.

Neighbourhood health is the government and NHS strategy focusing on delivering integrated, community-based care closer to home to improve local health and reduce hospital reliance. ICBs and local authorities, working with other local partners, will make the changes to services to:

- improve services for people who need routine healthcare, so neighbourhood health benefits everyone
- improve proactive care for people with complex needs
- deliver better alternatives to hospital care

## 2. Neighbourhood Health Framework

In March, the government published its much-awaited [Neighbourhood Health Framework](#). It sets out in new detail what neighbourhood health aims to do and how this will be achieved, building on the 10 Year Health Plan, the Neighbourhood health guidelines 2025/26 and the Medium-Term Planning Framework.

This clearly states that Neighbourhood health will only work as a joint endeavour between the NHS and local authorities, alongside wider partners. There is an expectation that this is 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.

The Framework sets out for the NHS the minimum national goals, objectives and metrics. These include:

*Table 1: Neighbourhood Health national goals*

<p><b>Goal 1:</b> improve health outcomes, with specific focus on high-priority cohorts:</p> <ul style="list-style-type: none"> <li>• people with frailty</li> <li>• care home residents</li> <li>• housebound patients</li> <li>• those receiving end of life care</li> <li>• those with CVD, diabetes, COPD, dementia, mental health conditions, cyp, any other cohort identified by local areas</li> </ul>	<p><b>Goal 2:</b> improve access to general practice, so people can see their GP in a timely, high-quality way.</p>	<p><b>Goal 4:</b> better urgent and emergency care performance</p>
	<p><b>Goal 3:</b> improve experience of planned care and cancer care, and support delivery of the referral to treatment (RTT) standard.</p>	<p><b>Goal 5:</b> improve patient and staff satisfaction</p>

## 3. National neighbourhood health implementation programme

Herefordshire is one of the 43 National Neighbourhood Health Implementation Programme (NNHIP) sites which aims to develop a 'test and learn approach' to support wider delivery of neighbourhood health. The NNHIP is a large-scale change programme, being overseen by a DHSC and NHS England task force.

## 4. Governance

The Health and Wellbeing Board has a strategic role in neighbourhood health by leading the development of the local plan and setting strategic priorities.

NNHIP delivery group includes a wide group of stakeholders, meets fortnightly and is responsible for developing operational plans including plans for the single point of access

(SPoA) and multi disciplinary teams (MDTs). This group feeds into the senior responsible officers (SROs) group. It is worth noting that there is a total of 18 different workstreams, each headed by an SRO.

Figure 1 illustrates the system governance for designing and delivering neighbourhood health in Herefordshire.

Fig. 1: Local Neighbourhood Health Delivery



## 5. Progress in Herefordshire

- 5.1 **Defining our neighbourhoods:** Neighbourhood footprints have been agreed – these will map to current primary care network (PCN) footprints, with the only deviation being that the two current city PCNs will become a single neighbourhood.
- 5.2 **Priority cohorts identified:** Initial priority cohorts have been agreed with some slight variations between PCNs but with the consistent aim of identifying those residents with escalating needs and urgent/emergency service use. Risk stratification tools have been used to identify these residents from primary care patient lists.
- 5.3 **Data linkage:** A linked data-sharing Information Governance framework is being progressed, and a ‘data and analytics’ group has been established. We are also participating in a national co-design programme to develop neighbourhood health dashboards prototypes.
- 5.4 **Neighbourhood health profiles:** Herefordshire Council intelligence team is developing individual ‘Neighbourhood Health Profiles’ – effectively a series of neighbourhood-level ‘mini-joint strategic needs assessments (JSNAs)’ to highlight the health and care issues, prevention priorities and key inequalities in each neighbourhood.
- 5.5 **VCSE involvement:** A “Community Anchors” group has been formed as an alliance of Herefordshire VCFSE organisations, to provide a stronger, unified voice for the sector across all neighbourhood health work.
- 5.6 **Developing a single point of access:** Operational plans are being developed for a 24/7 Single Point of Access (SPoA) for members of the priority cohort (building on our existing community hub model), through which they will be linked to their individual ‘care coordinator’.
- 5.7 **Developing the Integrated Neighbourhood Teams (INTs) approach:** Within neighbourhoods, cohort members will be holistically assessed by multi-agency, INTs (including GPs, community nurses, mental health staff, pharmacists, social care and VCFSE partners) – aiming to put in place the proactive, personalised, preventative medical and social support to keep people healthy and avoid unnecessary admissions. The two city PCNs are currently working together on a very small scale ‘early adopter’ pilot of this approach with a defined cohort and aiming to progress through rapid Plan Do Study Act cycles to refine the approach before scaling up.
- 5.8 **HWB Neighbourhood Health Strategy development session**

A HWB workshop was held on 9 March 2026 with a focus on further developing our neighbourhood health strategy. The Neighbourhood Health Strategy will sit under the Joint Health and Wellbeing Strategy (JHWS), acting as the neighbourhood-level delivery mechanism for the priorities of the JHWS.

## 6. Neighbourhood health Centres

In terms of improving the experience of people and communities, as a core part of the delivery of neighbourhood health, there is national investment into neighbourhood estates for building and upgrading 250 new neighbourhood health centres. These will:

- bring together GP services with a mix of community, local authority and civil society sector services
- allow staff to join up care, which is better for people and communities
- make care easier to access and easier to deliver, while also reducing pressure on other parts of the system

[Neighbourhood health centres: design and performance specification](#) has been published this month. This provides a comprehensive blueprint for neighbourhood health centres, which aim to integrate general practice with community, social care, and voluntary services. These facilities are designed as versatile community hubs that provide a "one-stop shop" for care, operating at least twelve hours daily to shift services away from traditional hospitals.

## Community impact

7. A well-functioning Health and Wellbeing Board will have a positive impact on communities by improving the health and wellbeing of Herefordshire residents.

## Environmental impact

8. Whilst this is a report concerning the Health and Wellbeing Board ways of working and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the Council's Environmental Policy.

## Equality duty

9. The Public Sector Equality Duty applies. The initial equality impact screening checklist indicates a minimal impact at this stage because this report concerns the HWB ways of working rather than direct service change.

## Resource implications

10. The Board improvement process requires the time of Health and Wellbeing Board members to engage with the findings of the previous LGA run workshop in February 2026 and attend next workshops. The LGA facilitation is offered free to the Council.

## Legal implications

11. The functions of the Health and Wellbeing Board are set out in paragraph 3.5.25 of the Council's constitution.

## Risk management

12. None identified.

**Consultees**

13. None identified.

**Appendices**

None

**Background papers**

None identified