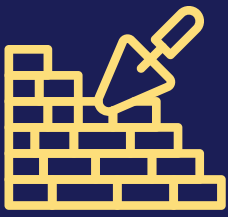


# KEY TAKEAWAYS: NHS NEIGHBOURHOOD HEALTH FRAMEWORK

## BUILDING A NEIGHBOURHOOD HEALTH SERVICE

NHS organisations and Local Authorities are expected to work jointly to create neighbourhood health, with national minimum goals delivered over the 10 Year Health Plan period, and initial progress expected from April 2026 to March 2029.



Systems are expected to deliver this through:

- Health and Wellbeing Board (HWB) led neighbourhood health plans.
- Minimum interventions in every community over the next 3 years.
- Stronger joint commissioning and delivery across NHS, local government and wider partners.
- Early financial and contractual changes to support left shift and local reform.

## GOALS

The framework outlines 5 overarching national minimum goals for places to achieve, each with their own supporting objectives and metrics. Some of these goals' objectives and metrics are summarised below.



### 1 Improve health outcomes

- Improving health outcomes with a specific focus on 10 high priority cohorts and any other cohort identified by local areas.
- Reduce non-elective admissions and bed days of one day or over by 10% for people with mid to severe frailty.
- Improve evidence-based clinical outcomes by at least 10%.



### 2 Improve access to general practice

- See 90% of clinically urgent patients on the same day by March 2027.
- Collect data to baseline and set future trajectories for access to routine GP care in the financial year 2026 to 2027.
- Collect data to baseline and set future trajectories for patient satisfaction with GP access in the financial year 2026 to 2027.



### 3 Improve experience of patient care

- Reduce variation in referrals to outpatient services through SPOA to support overall RTT trajectories of 70% by March 2027 and 92% by March 2029.
- Delivering more follow-up outpatient care in neighbourhoods and contributing to an overall reduction in secondary care follow-up appointments by at least 10% by March 2027.



### 4 Better urgent and emergency care performance

- Ensure better coordination of reactive care for high-priority cohorts by increasing urgent care provision use in the community by March 2029.
- Reduce category 3 and category 4 ambulance conveyances in high-priority cohorts by March 2029.
- Contribute to an improvement in the average length of discharge delay for all acute adult patients.



### 5 Improve patient and staff satisfaction

- Introduce a reformed set of patient-reported experience measures and patient-reported outcome measures in 2026 to 2027.
- Ensure by 2027 95% of people with complex needs have an agreed care plan.
- Introduce a set of staff experience measures in 2026 to 2027 financial year, with trajectories for improvement each year.

## ENABLERS

The framework's success relies on alignment between the following four key enablers and changes they may need to make.



### Providers

- Shift in commissioning from organisational form to outcomes.
- ICBs make neighbourhood health the default for NHS care provision.
- Local systems have the flexibility to decide the right provider arrangements.



### Estates

- Neighbourhood health centres being developed, 120 by 2030 and 250 by 2035.
- Estates programme to support co-location with wider community services and reduce inefficiencies from fragmented buildings.



### Workforce

- A 'fundamental reimagining' of roles, skills and ways ways of working across health and social care, including working across boundaries in multidisciplinary teams.
- Proactive, preventative, and personalised care in practice.



### Finance

- ICBs identify funding through active local prioritisation rather than new funding.
- Funding moving from the acute sector into neighbourhood services over the Spending Review period nationally.

## GLOSSARY

- ICB = Integrated care board
- HWB = Health and wellbeing board
- INT = Integrated neighbourhood team
- NHC = Neighbourhood health centre
- RTT = Referral to treatment
- JSNA = Joint strategic needs assessment
- SPOA = Single Point of Access