Health Briefing

25th March 2026

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Neighbourhood health framework

This briefing provides a summary and overview of the Neighbourhood Health Framework, published on 17 March 2026, and sets out what it means for local infrastructure organisations (LIOs).
Link to framework here

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Neighbourhood Health Framework: what this means for LIOs

The Neighbourhood Health Framework sets out how systems will organise and deliver care at neighbourhood level over the coming years. While much of the focus is on NHS services, commissioning and delivery models, it has important implications for the role of local infrastructure.

For LIOs, much of this will feel familiar.
You are already:

- connecting local organisations and communities into the system
- bringing insight on unmet need and inequalities
- supporting collaboration across fragmented local provision
- working alongside partners to deliver more preventative, community-based support

The shift towards neighbourhood health builds on this reality. The increased focus on neighbourhood footprints, integrated neighbourhood teams, and place-based planning all point towards the kind of local, relational working that LIOs enable every day.

There are some clear opportunities.
Many LIOs already have strong relationships with Health and Wellbeing Boards and local system partners. As PCNs take on a more central role in shaping neighbourhood health plans, this creates an opportunity to influence strategy early, ensuring that plans reflect community need and the role of the wider VCSE sector.

The move towards more coordinated, population-based commissioning also has the potential to:

- create more joined-up approaches across neighbourhoods
- open up space for collaboration rather than competition
- better recognise the value of preventative and community-led support

However, there are also important challenges to be aware of.
The framework largely focuses on how services are organised and delivered, with less detail on how the underpinning VCSE infrastructure will be supported. As expectations grow around neighbourhood working, coordination, and community engagement, there is a risk that LIOs are asked to do more without the investment needed to sustain this role.
There is also a question of scale; how neighbourhood-level models (such as Integrated Neighbourhood Teams or SNP/wider arrangements) will meaningfully connect with the breadth of local VCSE organisations, particularly smaller and grassroots groups.
Alongside these challenges, the framework includes a significant focus on the development of neighbourhood health centres, designed to bring services together in community-based settings. While this supports more local, joined-up care, co-location alone does not create integration. Effective neighbourhood working will depend on the relationships, coordination, and connectivity that link services with communities, and how these connect with the wider VCSE sector beyond those directly involved in delivery.
This also presents an opportunity to shape how these centres are developed locally, including advocating for investment in models that are rooted in communities, make use of trusted local spaces, and enable greater community involvement and ownership.

What this means in practice

Over the coming months, as local plans are developed, LIOs have an important role to play in shaping how neighbourhood health is implemented locally.

This includes:

- **Engaging early with HWBs and system partners** as neighbourhood health plans are developed
- **Positioning the LIO role clearly,** not just as a delivery partner, but as infrastructure that enables the wider system to function
- **Making visible the value of coordination, insight and relationship-building**, particularly in reaching underserved communities
- **Advocating for sustainable investment** in local VCSE infrastructure as a core part of neighbourhood health

This is not a new agenda for LIOs, but it does bring a renewed focus and expectation.

The opportunity now is to ensure that neighbourhood health is shaped in a way that:

- builds on what already exists locally
- recognises the role of the VCSE sector in creating health
- and is supported by the infrastructure needed to make it work in practice

Summary of the Framework

Governments Vision

The ministerial statement signals strong government intent to shift care closer to communities, improve integration, and restore public confidence. It frames reform as overdue but achievable, emphasising collaboration, local flexibility, and practical delivery. However, the tone is service-focused, prioritising system efficiency and NHS performance over wider determinants of health.
Aims

1. Improve people's health and care outcomes, reduce health inequalities and help them stay well at home
   - Through: prevention, proactive care, and stronger community services with partners.
2. Organise services around the person with more convenient, personalised and joined-up care
   - Through: better access, joined-up services, and more care delivered locally.
3. Reduce pressure on more acute services, including hospitals and care homes
   - Through: avoiding admissions, improving discharge, and supporting care at home.
4. Cut waste and duplication
   - Through: integrating services and using digital more effectively.

Three Reform Agendas

The framework sets out three core reform agendas that act as minimum national building blocks for neighbourhood health delivery, focused on improving access, strengthening proactive care, and reducing reliance on hospital-based services.

1. Improve routine care (for the whole population)
Focuses on making everyday access to care more efficient and consistent.

- Better GP access (including same-day urgent care)
- Expanded use of digital tools and the NHS App
- Reducing bureaucracy across primary and secondary care
- Greater role for community pharmacy (e.g. prescribing, prevention)

2. Proactive care for people with complex needs
Focuses on earlier intervention and better coordination for high-need groups.

- Integrated Neighbourhood Teams (INTs)
- Population health management and risk stratification
- Coordinated care planning (especially for frailty, LTCs, CYP, cancer)
- Stronger links across primary, community, mental health and social care

3. Better alternatives to hospital care
Focuses on reducing avoidable admissions and improving discharge.

- Virtual wards / hospital at home
- Urgent community response services
- Intermediate care (step-up and step-down)
- Community-based urgent and crisis support

Measuring Success of Neighbourhoodhood Health

National goals (as set out in the framework)
Note: While framed as outcomes, these goals are closely aligned to NHS performance targets and planning requirements.

Goal 1: improve health outcomes
Focuses on improving outcomes for priority groups such as people with frailty, long-term conditions, and children. Emphasises earlier intervention, better diagnosis and treatment, and supporting independence. Aims to reduce avoidable hospital use while improving quality of care and reducing variation in outcomes across different population groups.

Goal 2: improve access to general practice
Aims to ensure timely, equitable access to GP services, particularly for urgent needs. Focuses on same-day access for urgent cases, improving routine appointment availability, and increasing patient satisfaction. Positions general practice as the front door of neighbourhood health, supported by better data, planning, and local performance management.

Goal 3: improve experience of planned care
Seeks to improve coordination and efficiency of outpatient and planned care services. Focuses on reducing unnecessary referrals, improving access to specialist advice, and shifting more care into community settings. Aims to reduce waiting times, streamline pathways, and improve patient experience across multiple specialties.

Goal 4: better urgent and emergency care performance
Targets improvements in urgent and emergency care by reducing avoidable demand and improving coordination. Emphasises community-based alternatives, better management of high-risk cohorts, and improved discharge processes. Aims to reduce pressure on emergency departments, improve response times, and ensure patients receive care in the most appropriate setting.

Goal 5: improve patient and staff satisfaction
Focuses on improving experience for both patients and staff through more personalised, coordinated care. Emphasises patient involvement, care planning for those with complex needs, and consistent measurement of experience. Also aims to improve staff wellbeing and motivation, recognising workforce experience as critical to delivering sustainable system change.

Longer-term goals and wider reform context

Alongside the national goals, the framework signals an intention to align with wider public service reform. It emphasises the need to align neighbourhood health with broader local and national initiatives (such as housing, employment and children's services), recognising that improving health outcomes depends on more than healthcare delivery alone, though this remains largely implicit rather than explicitly addressed.
Systems are encouraged to consider and align with a range of existing local initiatives and reform programmes outlined in the framework, using these to shape locally tailored, place-based approaches.

How Neighbourhood Health Will Be Planned and Delivered

The framework sets out a clearer structure for how neighbourhood health will be **planned and delivered**, separating long-term strategic direction from how services are implemented in practice. This is intended to bring greater consistency across systems while maintaining local flexibility.

1. Strategic Plan (5 years)
The long-term direction for neighbourhood health is set through a **Neighbourhood Health Plan**, led by Health and Wellbeing Boards (HWBs) and developed with system partners.
It sets:

- Vision
- Population priorities
- Outcomes
- Neighbourhood footprints

Informed by:

- JSNA
- ICB strategic plans
- Wider system strategies

This plan is collectively owned across partners, aligning health, care and wider public service priorities at place level.

2. Delivery and Implementation (annual / ongoing)
There is no single standalone neighbourhood health operational plan; instead delivery is embedded within existing NHS planning and commissioning cycles led by ICBs.
This includes:

- Translating priorities into delivery actions
- Allocating resources
- Commissioning and contracting providers (NHS, local authority and VCSE)
- Driving service change and performance

Implementation is typically delivered at **place and neighbourhood level**, but enabled and steered through ICB commissioning and system leadership.

What this means
This creates a clearer distinction between:

- **Strategy (HWB-led, partnership-based)**
- **Delivery (ICB-enabled, commissioning-led)**

The effectiveness of this model will depend on how well these two layers stay aligned in practice.

New commissioning approach
ICBs are positioned as **strategic commissioners**, working more closely with local authorities and system partners to design and deliver neighbourhood health services.
The framework introduces new, population-based contracting **options**, including:

- **SNP** (Single Neighbourhood Provider)
  - **Population:** approx 50,000
  - **What it is:**
    - A provider (or partnership of providers) delivering services for a single neighbourhood, closely aligned with GP populations.
  - **What it does:**
    - Delivers neighbourhood-level services, often through Integrated Neighbourhood Teams (INTs)
    - Works closely with GP practices and primary care
    - Coordinates care for defined local populations
  - Focuses on day-to-day service delivery and integration at neighbourhood level
- **MNP** (Multi-Neighbourhood Provider)
  - **Population:** approx 250,000+
  - **What it is:**
    - A provider or organisation coordinating services across multiple neighbourhoods.
  - **What it does:**
    - Ensures consistency and coordination across several SNPs
    - Designs and manages services at scale
    - May directly deliver some services where appropriate
    - Supports system-wide pathways and shared outcomes
- **IHO** (Integrated Health Organisation)
  - **Population:** Large system footprint (aligned to ICB / major sub-system geography)
  - **What it is:**
    - A lead NHS provider holding a whole-population budget for a defined area.
  - **What it does:**
    - Takes responsibility for resource allocation across the full care pathway
    - Designs services across primary, community, and hospital care
    - Holds contracts with other providers (including MNPs/SNPs)
    - Drives system-wide transformation and shift of resources into community care
    - *NB: IHOs are an optional model, expected to be used selectively in systems with sufficient provider capability*

How they fit together

- **ICB** commissions
- **IHO (optional)** holds system-level budget
- **MNPs** coordinate across multiple neighbourhoods
- **SNPs** deliver care locally

Neighbourhood health centres and estates

The framework sets out a significant programme of investment in neighbourhood health centres (NHCs) as a core part of delivering neighbourhood health.

These centres are intended to:

- bring together GP services with community, local authority and voluntary sector services
- support more joined-up, coordinated care
- improve access by providing services closer to where people live

They are positioned as the main place people will go for most health needs in their community.

The government **aims to deliver 250 neighbourhood health centres by 2035, including 120 by 2030.**
This will involve a mix of:

- repurposing existing NHS estate
- new builds
- public and private investment

Alongside this, the framework emphasises a broader shift in how services are delivered, with care expected to be:

- delivered locally where possible
- digital by default
- provided at home where appropriate
- and delivered in hospital only when necessary

Local systems are expected to plan how neighbourhood health services are delivered across estates, including how centres align with other community-based provision and local initiatives.

This policy briefing has been produced for local infrastructure organisations (LIOs) and ICS-VCSE Alliances. It summarises key messages and highlights the implications for strengthening the role of the local VCSE sector within health and care systems. It is intended to be shared across boards and system networks, supporting those working to strengthen the role of the VCSE sector within health and care, with a particular focus on the contribution of local VCSE organisations.

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Our vision is that every local area has a thriving voluntary and community sector, and strong social action to drive justice and active citizenship. Our mission is to champion the voluntary and community sector, through high quality local support organisations - NAVCA members. Find out more here.

ALLiance42

Alliance42 exists to drive systemic change in health and care by embedding the local VCSE sector at the heart of decision-making and service delivery within Integrated Care Systems (ICSs).
We represent the majority of ICS-VCSE Alliances across England's 42 Integrated Care Systems, with NAVCA as the secretariat, together, we strive a fairer, more community-led health and care system that prioritises prevention and wellbeing. Find out more here.

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Our health work is proudly supported by the Assura Community Fund. Their funding helps us strengthen the role of local infrastructure and the VCSE sector in health and care; supporting communities to thrive. You can learn more about the impact of the Fund here.

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