

Neighbourhood health will only work as a **joint endeavour** between the NHS and local authorities, alongside wider partners.

Three principles of public sector reform:

- Integrated services around people's lives
- Improve outcomes, by focusing on prevention rather than crisis management
- Devolve power to local areas, which understand local needs, with services with and for people.

## Measuring success of neighbourhood health

National minimum goals and objectives, plus locally developed aims and outcomes defined through neighbourhood health plans under the leadership of Health and Wellbeing Boards.

### National NHS goals, objectives and metrics

#### 1 Improve health outcomes

Targets include:

- reducing non-elective admissions
- improving outcomes for long-term conditions
- improving quality and access to care for children
- better end of life care

#### 2 Improve access to general practice

Objectives include:

- 90% of clinically urgent patients seen the same day by March 2027
- faster access to routine GP care
- improved patient satisfaction

#### 3 Improve experience of planned care

This will include:

- reducing variation in outpatient referrals
- improving coordination of outpatient care & reducing secondary care follow-up appointments

#### 4 Improve urgent and emergency care

- Improving co-ordination of care for high priority cohorts (frailty, care homes, end of life)
- reducing emergency department attendances
- improving ambulance response times
- improving hospital discharge processes

#### 5 Improve patient and staff satisfaction

- introducing patient-reported experience and outcome measures
- ensuring 95% of people with complex needs have an agreed care plan
- introducing neighbourhood staff experience measures

#### 6 Local goals

- Health and Wellbeing boards recommended to consider the local outcomes framework for health and wellbeing, adult social care, Best Start in Life and neighbourhood health and integration
- Enabling those who receive long term support to live in their home
- Adults whose needs are met by admission to residential and care homes
- Consider how neighbourhood plans align with wider public service reform

## Aims

- Improve people's health and care outcomes
- Organise services around the person
- Reduce pressure on acute services
- Cut waste and duplication
- Help the NHS deliver against core targets

## Delivering neighbourhood health

To deliver neighbourhood health, the NHS and local authorities must transform how they work together alongside wider partners including **voluntary, community and social enterprise organisations (VCSEs)**. ICBs will ensure neighbourhood health becomes the default model of care

### Reform agendas

#### 1 Improve routine healthcare

The NHS will support GP access recovery by:

- through new GP access targets
  - improving online access
  - ensuring practices open during core hours, and reform out of hours
  - providing faster access to care
- GPs will be empowered to deliver better care through:
- proactive population health management
  - reduced bureaucracy
  - improved access to specialist advice

#### 2 Improve proactive care

- Develop Integrated Neighbourhood teams to deliver better management of Long term conditions, frailty, children and young people and cancer
- Grow community services
- Reform outpatients, with closer working between GPs and specialists

#### 3 Better alternatives to hospital care

- Expand urgent community response services
- Increase the capacity of virtual wards
- Increase intermediate care capacity
- Piloting 24/7 neighbourhood mental health centres

[Read how NAPC helps partners implement neighbourhood health.](#)

## Contracting models



**Single Neighbourhood Providers (SNPs):** Deliver neighbourhood services through integrated teams within a defined area; allow primary care to offer services beyond core GP contracts.

**Multi-Neighbourhood Providers (MNPs):** Coordinate services across multiple neighbourhoods, supporting consistency, service design and shared risk for the registered population list.

**Integrated Health Organisations (IHOs):** Hold a whole-population budget, allocate resources across pathways, redesign services and invest in prevention. Initially likely led by high-performing NHS trusts, in partnership with primary and community providers.

**All primary care contracts remain nationally contracted. PCNs might evolve into SNPs. More guidance to follow.**

## Changes for 2026/27

- Neighbourhood footprints considered in terms of local authority boundaries
- Reduce non-elective admissions
- GP access
- Establish integrated neighbourhood teams
- Improve outpatient pathways
- Confirm use of Better Care Funding (BCF)
- Improve primary secondary care interface
- Confirm organisational ownership of deliverables
- Improve data-sharing arrangements
- Plan for April 2027 to April 2029

## Other headlines

- **Neighbourhood Health Centres (NHCs):** 250 neighbourhood health centres by 2035, 120 by 2030
- **Workforce:** staff working differently rather than entirely new staff groups providing proactive, preventative personalised care, organisational boundaries
- **Finance:** ICBs prioritise funding for neighbourhood health services locally. National support will include: financial incentives encouraging the shifting care from hospital care to community, reforms to payment mechanisms, & support for outcome-based contracting

## NAPC welcomes the continued focus on population health and prevention at a local level.

The national voice for primary and community care, NAPC is a not-for-profit membership organisation leading change, driving innovation and supporting partners across the health and care ecosystem.