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Next steps on neighbourhood health and new delivery models

[Publication \(/publication\)](#)

Content

- [Next steps on neighbourhood health and new delivery models](#)
- [Local actions to advance neighbourhood health](#)
- [Commissioning for population health](#)

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To:

- Integrated care board and NHS provider:
 - chairs
 - chief executives
 - chief operating officers
 - chief financial offers
 - medical directors
 - chief nurses
- Primary care network clinical directors

cc.

- NHS England regional:
 - directors
 - finance directors
 - medical directors
 - chief nurses
 - primary care leads
 - neighbourhood executive leads

Dear Colleague

Next steps on neighbourhood health and new delivery models

We write to draw your attention to the publication of the [Neighbourhood Health Framework](https://www.gov.uk/government/publications/neighbourhood-health-framework) (<https://www.gov.uk/government/publications/neighbourhood-health-framework>) and [Fit for the future: towards population health delivery models](https://www.england.nhs.uk/publication/fit-for-the-future-towards-population-health-delivery-models/) (<https://www.england.nhs.uk/publication/fit-for-the-future-towards-population-health-delivery-models/>).

Neighbourhood health sits at the heart of the [10 Year Health Plan](https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future) (<https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>). Our ambition is to build an integrated, multi-disciplinary service that delivers more personalised care closer to where people live; empowers people to lead healthier, more independent lives; and offers genuine choice in how people access support.

We know there are already many strong examples of neighbourhood working across the country, where local partners collaborate to improve outcomes and make better use of collective resources.

The aim of these publications is to create the conditions for local leaders to systematise those examples in a way that best suits their local communities – setting clear expectations on what services should aim to achieve and articulating the different commissioning and delivery models which may be employed in pursuit of these aims.

Local actions to advance neighbourhood health

The framework sets out the foundational steps local areas will need to take in 2026/27 to develop local neighbourhood health plans for 2027/28, delivered through joint working. Local government and integrated care boards (ICBs) are encouraged to consider how services can be reconfigured to focus more on prevention and early intervention, an approach that should be increasingly prominent within local neighbourhood health plans over time.

The framework also sets out a minimum set of interventions for all ICBs to deliver over the next three years to establish the foundational building blocks of an effective, joined-up neighbourhood health service.

Beyond delivery of these foundational interventions, we will not prescribe an approach to neighbourhood health. Local government and ICBs know their local communities best, so will have the flexibility to meet their needs accordingly.

Local systems will be supported by the National Neighbourhood Health Implementation Programme, which will build capability, develop infrastructure and identify success criteria for the scaling of new models.

Working in partnership through health and wellbeing boards, in 2026/2027, we are asking ICBs and local government to:

1. agree neighbourhood footprints around natural communities for the future development of integrated neighbourhood teams (INTs)
2. agree plans to establish INTs focussed on high priority cohorts, including how devolving care budgets could work in their area
3. confirm intentions to use pooled funding under the Better Care Fund (BCF) in line with BCF guidance
4. confirm organisational ownership of planned deliverables
5. confirm plans for having the appropriate data-sharing arrangements in place to do robust patient identification and evaluation

From 2027/28, ICBs and local government, working through health and wellbeing boards, will be asked to develop a local neighbourhood health plan. The plan will need to:

1. provide a broad overview of how the national NHS objectives will begin to be delivered through the 3 reform agendas outlined in the framework
2. set out how neighbourhood health will support wider local goals for improving health outcomes and reducing health inequalities
3. set out how local objectives are informed by the Joint Strategic Needs Assessment, and any other assessments by ICBs or local authorities, as deemed necessary by the health and wellbeing board
4. confirm final geographies that partners will then work within
5. confirm which organisations are responsible for different elements of delivery
6. confirm the arrangements which will be in place to deliver this
7. confirm how other relevant local services or initiatives will align with the strategy over time, such as Best Start Family Hubs, housing, mental health hubs, Pride in Place, and employment support

Commissioning for population health

As set out in the [Fit for the future: towards population health delivery models](https://www.england.nhs.uk/publication/fit-for-the-future-towards-population-health-delivery-models/) (<https://www.england.nhs.uk/publication/fit-for-the-future-towards-population-health-delivery-models/>), delivering the 10 Year Health Plan will require innovative population-based commissioning, led by ICB's. NHS England will support this through the Strategic Commissioning Development Programme, on which we have been working with colleagues over the last few months.

Notwithstanding progress which has already been demonstrated by some local teams, 2026/27 will be a developmental year for the new contractual models. The Department of Health and Social Care (DHSC) and NHS England will work closely with the first new single neighbourhood and multi-neighbourhood providers to develop the neighbourhood care model, and with ICB colleagues to develop new payment models to support neighbourhood services, including for the high-priority cohorts. We will outline the co-designed payment approaches for all ICBs to consider shortly.

In addition, we will continue to work with Integrated Health Organisation (IHO) and advanced foundation trust front runners, and their commissioners, to ensure that contracts and financial flows support the shift of resources into neighbourhoods.

We will expect ICBs to be able to set out how they will have begun implementing some outcome-based contracts within 3 years, with a view to IHO contracts becoming the norm. Note that general practice contracts (General Medical Services (GMS), Personal Medical Services (PMS) or Alternative Provider Medical Services (APMS), alongside General Dental Services (GDS), community pharmacy and general ophthalmic services (GOS)) will continue to be determined nationally and commissioned locally.

Creating the conditions and the local partnerships for the Neighbourhood Health Service to be universally established and flourish in the future is central to the leadership challenge for both the NHS and local government over the next period. Thank you for all you are doing to make a Neighbourhood Health Service a reality and improve the lives of your communities.

Yours sincerely,

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Matthew Style, Director General for System Development, NHS England / Department for Health and Social Care

Glen Burley, Financial Reset and Accountability Director, NHS England

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[▲ Back to top](#)