

Neighbourhood Health Framework – Briefing Note

Overview

The Government recently published the [Neighbourhood Health Framework](#), which follows the [Neighbourhood Health Guidelines 2025/26](#). The framework sets out a new delivery model for how health and care services in England will be organised around local populations.

Neighbourhood health is positioned as one of the ‘three big shifts’ as part of the NHS’s [10 Year Health Plan](#): *moving care out of hospitals and into communities*, focusing on prevention rather than treatment, and making better use of digital tools.

The framework is clear that it is intended to be delivered jointly by the NHS, local authorities and wider partners, and *explicitly includes adult social care providers*.

This document consolidates the most relevant information for our Members from the Neighbourhood Health announcement made on the 17th of March 2026, as well as other wider resources.

For any questions on Neighbourhood Health, please contact Harry Blacklock, Policy Officer at Care England, on HBlacklock@careengland.org.uk

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What neighbourhood health is trying to achieve

The framework aims to shift the healthcare system away from reactive, hospital-based care towards more co-ordinated support delivered closer to communities.

This reflects the concerns of demand-pressures on the NHS, that too much care is delivered late, in acute settings, and without sufficient co-ordination between the services that patients interact with.

Within the framework, the Government outlines a set of aims for the new approach. In practice, these outline that individuals, particularly those with complex needs, should experience care as through a more joined-up pathway. Rather than patients interacting separately with services, support is expected to be organised around the person, with *system partners working together* to deliver this new way of working.

For social care providers, this shift is particularly relevant. Many of the challenges neighbourhood health is trying to address, such as avoidable admissions, delayed discharge and fragmented care, are areas where providers are already heavily involved.

Importantly, the framework states that the setup of neighbourhood health will be different for each community – allowing flexibility for local approaches. What is more defined is that system partners will have to ‘transform’ how they work together.

Initial priority groups

The framework focuses initial implementation on people with the most complex needs and highest levels of service use. These include people with frailty - particularly those over the age of 75, care home residents, housebound individuals, people approaching end of life, and those living with long-term conditions such as dementia, COPD and diabetes.

For care providers, this means that neighbourhood health is likely to be felt most immediately in areas such as care home support, discharge pathways and the management of complex, long-term needs in the community.

Scope of services

The Neighbourhood Health Framework is broad in scope. It encompasses a wide range of services that people access locally, including primary care (GPs), community health services, urgent care and adult social care.

This confirms that neighbourhood health is intended to operate across the whole local system, with *social care embedded in both planning and delivery*.

Integrated neighbourhood teams (INTs)

A central component of the framework is the development of integrated neighbourhood teams (INTs), which will act as the primary delivery mechanism for neighbourhood health.

These teams are intended to bring together professionals from across health, social care and other local services to work in a more co-ordinated way at a defined neighbourhood level (typically covering populations of c.30,000–50,000 people).

Governance and system fit

The framework positions INTs within existing Integrated Care System (ICS) architecture, rather than creating a new tier of governance. Oversight and accountability for neighbourhood health sits primarily with ICBs, which are responsible for commissioning, performance management and delivery.

At a local level, INTs are expected to operate within “place-based” arrangements, typically aligned to local authority boundaries.

Within this structure:

- ICBs act as the primary accountable bodies for delivery, including outcomes associated with neighbourhood health
- Place-based partnerships provide coordination and system leadership at a local level, shaping how INTs operate in practice
- Social care providers are expected to participate in INTs as delivery partners, contributing to multidisciplinary working and shared care planning

Importantly, the framework emphasises flexibility, meaning governance arrangements may vary between systems. However, this also means that lines of accountability are not always explicitly defined and are likely to evolve as local models evolve.

Implications for providers

For providers, INTs are likely to become a key point of interaction with local systems. They are expected to play a significant role in:

- supporting care home residents through more joined-up input
- facilitating hospital discharge and reducing delays
- co-ordinating care for people with complex needs living in the community

As these models develop, providers may see increased expectations to engage in multidisciplinary working, share information, and align with neighbourhood-level priorities and outcomes.

National expectations and performance priorities

Although the framework emphasises local flexibility, it is underpinned by a set of national expectations. These emphasise reducing avoidable hospital admissions and bed days, improving access to general practice, increasing the proportion of people with complex needs who have a co-ordinated care plan, and strengthening end of life care. It is also closely linked to wider NHS priorities, including elective recovery and urgent and emergency care performance.

Social care outcomes within the framework

Alongside predominantly NHS-focused national metrics, the framework does reference outcomes relevant to adult social care, particularly within its expectations for locally determined goals.

These include:

- supporting more people to live independently at home or with family
- reducing reliance on residential and nursing care placements, where appropriate
- improving satisfaction with care and support
- improving outcomes and experience for carers

The emphasis on reducing reliance on residential care is framed within a broader focus on prevention and early intervention. However, prevention should be understood as a whole-life approach, including supporting people with higher levels of need later in life.

For providers, this raises important questions about how neighbourhood health will be implemented in practice. Ultimately, the success of neighbourhood health will depend on recognising that the NHS cannot deliver these objectives in isolation, and that a strong, sustainable social care sector is essential to achieving the intended outcomes.

Implementation and timelines

The framework sets out a phased approach to implementation, with delivery expected to develop over the next two financial years and beyond.

During 2026/27, local systems are expected to focus on establishing the core building blocks of neighbourhood health. This includes:

- defining neighbourhood footprints
- establish INTs
- improving coordination for priority cohorts, particularly those with complex needs
- aligning funding streams, including the Better Care Fund
- strengthening data sharing

From 2027/28 onwards, systems are expected to move towards more formalised delivery through the development of neighbourhood health plans. These plans will:

- set out how services are organised at neighbourhood level
- define how outcomes will be achieved and measured
- clarify how partners will work together

Alongside local delivery, the framework indicates that a national neighbourhood health implementation programme will guide the overall rollout of this model. This is expected to set clearer expectations for systems over time and support consistency in how neighbourhood health develops across the country. For providers, this suggests that while implementation will be locally led, there is likely to be increasing national direction and scrutiny as the model matures.

Commissioning and delivery models

The framework signals a shift towards more integrated, place-based approaches to commissioning and delivery, aligned to the development of neighbourhood health. While existing contractual arrangements will remain in place in the short term, there is a clear direction of travel towards more strategic, population-focused commissioning.

ICBs are expected to take on a stronger role as strategic commissioners, setting the overall direction for services based on population need rather than organisational boundaries.

At a local level, commissioning and delivery are expected to be organised increasingly through place-based arrangements, typically aligned to local authority footprints.

For social care providers, this suggests a shift away from more transactional, service-specific commissioning towards models that emphasise shared outcomes and system-wide delivery. Providers may increasingly be expected to:

- contribute to joint care planning and delivery
- work within multidisciplinary teams
- demonstrate impact on broader system objectives, including hospital flow and prevention

However, significant detail remains unclear. The framework does not yet define:

- how responsibilities and risks will be shared between organisations
- how accountability will operate across health and social care
- how smaller or independent providers will be supported to participate in more integrated models

In addition, the framework sets out potential population-based delivery models operating at different scales: single neighbourhood providers (SNPs) serving a defined neighbourhood population, multi-neighbourhood providers (MNP) co-ordinating services across several neighbourhoods, and integrated health organisations (IHOs) holding broader population-based budgets across a wider geography. This signals a possible shift towards more formalised provider structures and commissioning arrangements at neighbourhood and place level.

For social care providers, this could have important implications for how services are organised, commissioned and influenced locally. Larger providers operating across wider geographies may be better placed to engage with MNP-style or system-level arrangements, while smaller providers may increasingly need to participate through partnerships, alliances or subcontracting models.

The framework suggests these arrangements are intended to support more co-ordinated care across the pathway. However, there is a clear risk that the development of these models (IHOs would be held only by NHS organisations) could reinforce NHS-led structures unless there is deliberate inclusion of social care providers in planning, governance and delivery.

Estates and neighbourhood health centres

The framework sets out an ambition to expand the use of community-based estate through the development of neighbourhood health centres. These centres are intended to bring together a range of services in accessible local settings, supporting more integrated and coordinated delivery of care.

The Government has committed to delivering 250 neighbourhood health centres by 2035, including 120 by 2030.

Financial direction

The framework signals a broader shift in the direction of funding towards community and neighbourhood-based care, in line with the ambition to move care out of hospitals and into local settings. This includes a continued emphasis on aligning resources across health and social care.

In principle, this reflects a long-standing policy objective: investing earlier in prevention, community support and coordinated care in order to reduce demand on acute services. For adult social care providers, this suggests an increased policy focus on services that support independence, prevent deterioration, and enable timely discharge from hospital.

However, the framework provides limited detail on how this shift in funding will be realised in practice. There are no new, dedicated funding commitments attached to neighbourhood health, and much of the anticipated change appears to rely on:

- reprioritisation of existing resources within the NHS
- improved coordination of funding across system partners
- delivering efficiencies through reduced hospital activity

This creates a degree of uncertainty for providers. While expectations on social care are likely to increase, it is not yet clear whether this will be matched by additional investment in capacity.

What this means for care providers

The Neighbourhood Health Framework represents a significant shift in how health and care services will be organised and delivered at a local level. For adult social care providers, it both reinforces existing roles and signals important changes in how services will operate in practice.

In practical terms, providers are likely to see:

- increased expectations to participate in INTs and work as part of multidisciplinary models of care
- greater requirements around data sharing
- a stronger and more formalised role in supporting discharge, prevention, reablement and the management of people with complex needs
- closer and more continuous engagement with ICBs, local authorities and place-based partnerships in shaping and delivering local models

These changes build on what many providers are already doing. Social care is central to supporting people with complex needs, preventing deterioration and enabling timely discharge. The framework brings these functions more explicitly into system planning and positions providers as key partners in delivering neighbourhood health.

Alongside this, there are important uncertainties. It is not yet clear:

- how funding will be rebalanced to support increased demand in community and social care services
- how accountability and risk will be shared across organisations
- how smaller and independent providers will be supported to participate in more integrated and potentially larger-scale delivery models
- There is also a clear risk that, as systems seek to reduce pressure on hospitals, demand is shifted into social care and community services without a corresponding increase in capacity or resource

Ultimately, the impact of neighbourhood health will be shaped by how local systems interpret and implement the framework. This will determine how providers are engaged, how services are commissioned, and how demand evolves over time.

Forward look

The framework sets out a clearer direction of travel for the health and care system. The ambition to move towards more coordinated, person-centred care is widely recognised and supported across the health and care sector.

However, the framework leaves a number of important questions unanswered for adult social care. The financial model underpinning neighbourhood health is based largely on rebalancing existing resources and reducing hospital demand, rather than new investment. There is a clear risk that demand is transferred into social care without the necessary infrastructure to support it.

There is also a continued imbalance in how success is defined. National performance metrics remain heavily NHS-focused, particularly around hospital activity and access to care. While social care outcomes are referenced within local frameworks, they do not carry the same weight within national accountability structures. Without stronger alignment between health and social care outcomes, there is a risk that neighbourhood health becomes an NHS-led reform, rather than a genuinely integrated model.

In addition, the framework provides limited clarity on how accountability, risk and responsibility will be shared across organisations. ICBs are positioned as the primary accountable bodies, but the role of social care providers within this system is less clearly defined. This will be a critical issue as local models develop, particularly in more integrated or outcome-based commissioning arrangements.

At the same time, the framework places a strong emphasis on local flexibility. While this creates opportunities for systems to design models that reflect local needs, it also introduces variability and uncertainty. Over the next 12 to 24 months, providers are likely to see different approaches emerging across the country, with varying levels of engagement, integration and pace of change.

Against this backdrop, early and proactive engagement with local systems will be essential. Providers will need to work closely with ICBs, local authorities and place-based partnerships to understand how neighbourhood health is being developed in their area, and to ensure that the role of social care is fully recognised in both planning and delivery.

Care England will continue to engage with Government, NHS England and system leaders to ensure that the voice of providers is reflected in the development of neighbourhood health.