

Meeting of ICB Board

Date: Thursday 4th December 2025

Time: 12:30 – 15:45

Location: The Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda Number:	6.1	
Title:	Neighbourhood Health and Care Update	
Confidential Papers	Commercially Sensitive	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No
Purpose: For Discussion		
Key Points for Discussion:		
<p>This paper provides a further update to the ICB Board on the ongoing development of the Neighbourhood Health Agenda within BNSSG, building on previous monthly updates presented.</p> <p>Key contents include:</p> <ul style="list-style-type: none"> • A reminder of the strategic context for neighbourhood health, the outcomes we are aiming to achieve for our population and update and status assessment on the areas of priority work to support this. • An overview of neighbourhood planning underway across BNSSG via our three Health and Wellbeing Boards • An update on the progress of the 2 BNSSG wave one sites (Woodspring and South Bristol) participating in National Neighbourhood Health Implementation Programme (NNHIP) • An update on progress to develop a strategic commissioning approach for neighbourhood health • Next steps for the programme 		

Recommendations:	<ul style="list-style-type: none"> To note the updates To consider and endorse the next steps, identifying any additional work that the programme should be taking forwards.
Previously Considered By and feedback:	Neighbourhood Health has been discussed widely at system groups: Health and Wellbeing Boards, Health and Care Improvement Groups, multiple ODGs, System Executive Group, and ICB Extended Leadership Team meetings.
Management of Declared Interest:	No direct conflicts identified at this stage. Any procurement linked to future commissioning of neighbourhood health will be managed under the ICB's declarations of interest process.
Risk and Assurance:	The programme group will develop a comprehensive risk register and risk management approach for this work.
Patient and Public Involvement:	<p>Our local strategic approach which informs this work (HT2040) involved extensive involvement including questionnaires, lived experience focus groups, VCSE facilitation. Coproduction strongly embedded throughout design phase.</p> <p>Coproduction will continue to be embedded within the programme going forwards</p>
Financial / Resource Implications:	<p>Shift towards outcomes-based funding models (e.g. "Year of Care" budgets) with implications for contracting and financial flows.</p> <p>Resource implications include workforce training, digital infrastructure, and community investment as well as programme and project delivery</p> <p>The NNHIP wave one submissions were made on the basis of the system contribution of resources to drive the programme with no additional funding from NHSE</p> <p>The benefits realisation is expected to offset delivery cost by reducing acute demand over time.</p>
Legal, Procurement, Policy and Regulatory Requirements:	<p>Procurement models will need to evolve to support neighbourhood-based approaches. There is guidance on potential contracting models due to be published through the model neighbourhood guidance in the next few months</p> <p>Alignment with NHS Ten Year Plan, national Neighbourhood Implementation Programme, and ICB commissioning responsibilities.</p>
How does this impact on health inequalities, equality	Delivering neighborhood health will have a significant impact positive impact on reducing inequalities, promoting equity, and improving population health.

and diversity and population health?	<p>In line with Healthier Together 2040, the aim is to halve the gap in healthy life expectancy across BNSSG through this approach.</p> <p>Informed by our Healthier Together 2040 strategic framework, our intention is to design neighbourhoods specifically around the needs of population cohorts who will benefit the most from integrated, community-based neighbourhood health.</p> <p>A Health Equity Assessment Tool assessment and Equality Impact Assessment will be developed by December 2025.</p>
ICS Green Plan and the Carbon Net Zero target?	<p>Proactive community-based care will reduce reliance on acute hospital services, lowering travel and estate use. Delivery of this plan enables us to deliver against the Green Plan</p> <p>Procurement levers will support social value and green priorities.</p>
Communications and Engagement:	Engagement continues across the system whilst we develop our communications and engagement plan is in development
Author(s):	<p>Amy Carr – Design Lead, ICB</p> <p>Kate Lavington – Head of Design, ICB</p> <p>Gemma Self - Programme Director - Healthier Together 2040</p>
Sponsoring Director:	Deb El Sayed – Chief Transformation and Digital Officer

Agenda item: 6.1

Report title: Neighbourhood Health Update

1. Introduction

This paper provides an ICB Board on the ongoing development of the Neighbourhood Health Agenda within BNSSG, building on previous monthly updates presented.

2. Strategic Context and National Policy Focus

Neighbourhood Health is at the heart of our vision for the future. It is central to the NHS 10 year plan and our [“Healthier Together 2040”](#) strategy

The national guidance on Neighbourhood Health is expected in the new year however through our work on HT2040 we have already agreed that to be successful we need all partners to work together. We have established the following principles as part of the development process

- We will be driven by local plans tailored to the specific context and priorities of the population; this will help us to ensure we are able to deliver national expectations and outcomes.
- Health and Wellbeing Boards (HWBs) are our partnership forum where key leaders focus on place and what matters for the population. The three HWB Boards will take the lead on developing the plans for each area. This will ensure we are driven by a collaborative, place-based model.

3. Our Approach

The work has been organised into a series of tasks that align around the strategic commissioning process that has been set out as part of the Model ICB. In addition, we have a series of national expectations and timelines aligned to Neighbourhood health in general and as part of the NNIP programme that that we are a part of.

Phase 1 understanding the local context and our population: Status: Complete

This has been conducted through our initial discovery report around neighbourhood health as well as through the intensive engagement work of Healthier Together 2040 and our existing locality partnerships. These reports have already been shared extensively with the ICB board but can be requested if required. This month the focus has been on creating a common purpose and shared narrative that builds on the intelligence gathering so far.

The BNSSG Integrated Care Partnership Board convened a dedicated neighbourhood health session on 13th November. Partners from the NHS, Local Authorities, voluntary organisations, and community groups came together to discuss and review the emerging Neighbourhood approach. The session examined areas of alignment and difference, identified opportunities for learning and consider which elements of vision which are best agreed at BNSSG level.

Key outputs from the session that will feed into Local HWB Board plans:

- **Naming our local plans** - Partners expressed a strong preference to rename 'Neighbourhood Health Plans' to '**Neighbourhood Wellbeing and Health Plans**'. Reflecting our system's commitment to prevention and the wider determinants of health.
- Partners agreed that plans need to have a "**real prevention-first mindset**" and raised the importance of understanding our existing assets and resources.
- Partners emphasised, "**We share a vision, our collective challenge is turning that vision into reality.**"
- **Person- centre lens** - plans should be articulated **through the eyes of local communities**, highlighting the improvements they will see in the communities because of these plans.
- **Joint plans with balanced priorities** - these are joint plans across health and social care; we must balance the wider determinants of health alongside the core deliverables from NHSE. Health and Social Care share responsibility for strategically commissioning complementary services that, together, meet local needs.
- **Systemic tensions** - concerns were raised about shrinking budgets and tightening referral thresholds, resulting in only the most severe cases getting support.
- It was recognised that **not everyone identifies with a 'place-based community'** and that we need to understand and engage with digital communities, equality communities and communities of interest. This was found to be true for younger people and for minoritised communities and disabled people
- **Developing a shared narrative** - Each HWB has a working draft of a vision, working principles, and 'I' statements. The group agreed that there is value in developing shared versions. By collaborating to create unified approach, we build clarity, consistency, and stronger alignment across the system. This shared approach makes it easier to coordinate efforts, measure progress, and deliver person-centred support. The three Health and Wellbeing Boards will continue to collaborate with partners to develop these.
- **Strong focus on equity** - Partners shared their concern around equity, pointing out that, without a sharper focus, there's real risk of widening gaps between communities. Plans need to focus on gaps in life expectancy and poorer outcomes between different population groups. Plans should emphasise the need for equity of outcome rather than just equity of investment.
- **Language and clarity** - There were some debates about terms like "neighbourhood" and "prevention", but consensus on developing a common language, so everyone is on the same page.
- **Role of the VCSE sector** - Partners recognise the significant role of the voluntary, community, and social enterprise (VCSE) sector. Described as "**the glue in the**

system,” they play a vital role in innovation and engaging communities. While we have made encouraging progress locally through the VCSE Alliance, there is still work to do to ensure VCSE organisations are fully recognised and included as equal partners in planning and delivery.

Phase 2 Developing the Plan for Neighbourhood Health: Status: In progress

As set out in the NHS 10 year plan the '**Neighbourhood Wellbeing and Health Plans**' are being developed through the Local Health and Wellbeing Boards. This is drawing on a series of workshops and building on existing strategies and intelligence from across the partnership including health, care, public health and VCSEs.

Objective	Develop and submit neighbourhood health plans to DHSC
Target	December 2025 (there is an expectation that this date is extended until April 2026, but it has yet to be confirmed)
Action Owner	Health and Wellbeing Boards (DPHs)

Scenario	RAG status	Comment	Owner
(A) To develop, sign off and submit plans by December 2025	Amber	HWBs are developing their local Neighbourhood plans, drawing on outputs from focused workshops and building on existing HWB Strategies. If the timeline of December is retained this will be more challenging to deliver.	Christina Gray (Director of Public Health – Bristol) Matt Lenny (Director of Public Health- North Somerset) Sarah Weld (Director of Public Health – South Gloucestershire)
(B) To develop, sign off and submit plans by April 2026	Green	HWBs are working on the basis that the critical path for plan iteration and sign off is by April 2026. Locality Directors & Partnerships are actively engaged in the development of plans and working with Health and Wellbeing Boards and local community anchor organisations supporting local community and partner engagement.	

Phase 3 Developing the Approach to Commissioning: Status: In progress

The approach to strategic commissioning is being refined with new payment structures and approaches to integrated contracts across primary care and IHO or lead integrators. We are working through how commissioning will work in the new ICB organisation as part of a dedicated workstream. This work is directly connected to how we will seek to commission for neighbourhood health and care. The current working assumption is that we will undertake the following tasks. This is inline with learning from our existing integrated care partnerships supporting community Mental Health.

Objective	Draw together the three HWB plans across BNSSG recognising similarities and difference into an ICB Strategic Commissioning plan
Target	12th Feb 2026
Action Owner	BNSSG ICB

RAG status	Comment	Owner
Amber	<p>The commissioning plan for neighbourhood health and care will be informed by the Neighbourhood Wellbeing and Health Plans. It will also identify areas of commissioning that we already have in progress such as integrated care at home and the continued investment in the MINT teams that contribute and align to the delivery of integrated neighbourhood health and wellbeing.</p> <p>The development process for the Five Year Strategic Commissioning Plan/Population Health Improvement Plan is currently underway.</p> <p>Amber status reflects the Challenges with the ICB focus on organisational change and complexity of emerging national guidance.</p> <p>The approach to joint commissioning with local authorities requires further work to ensure that we are utilising all of the assets of our existing commissioned services landscape</p>	<p>Five Year Strategic Commissioning Plan/Population Health Improvement Plan</p> <p>Gemma Self – HT2040 Programme Director</p>

Phase 4 Evaluating Impact and understanding delivery: Status: In progress

The [National Neighbourhood Health Implementation Programme \(NNHIP\)](#) is a nationwide initiative led by the Department of Health and Social Care and NHS England. Its aim is to improve health and care services at the neighbourhood level, making them more joined-up and focused on people's needs.

BNSSG has two sites selected to be part of wave 1 programme, Woodspring and South Bristol. This was thanks to their readiness and commitment to working in new, integrated ways. Each area is supported by a national coach and programme lead to help local teams from health, social care, and the voluntary sector work together to develop their Neighbourhood offer. We are also part of national group where we are able to gain learning from other parts of the country .

Objective	Design, test and evaluate innovative neighbourhood models of care which improve outcomes for key population groups with complex needs, so we can better understand future strategic commissioning approaches for neighbourhood health
Target	Jan 2026 for the first tests of change
Action Owner	Locality Directors

	RAG status	Comment	Lead
Woodspring To agree logic model and begin tests of change by end January 2026	Amber	<ul style="list-style-type: none"> Core group well established Management and improvement support wrapped around the work Strong engagement with locality partnership board Target cohort – segment 4, over 75 In the process of developing logic model, expecting to agree high level tests of change by mid December. As these have not yet been agreed prototype testing plan not yet confirmed. Key risk – no dedicated funding stream to support this work. Unlike IC@H these tests of change must leverage existing organisational resources in a different way. 	Woodspring – Gordano Valley PCN (Kate Lavington – Improvement Coach)

South Bristol	Amber	<ul style="list-style-type: none"> • Delivery Group set up as the core delivery function for NNHIP cohort delivery with members responsible for driving forward agreed actions between meetings. • Partnership Board agreed strategic leadership role to drive forward the Neighbourhood model beyond the NNHIP target cohort. • Target cohort agreed as working age adults with 3 or more long term conditions. • Completed Outcomes and Outputs for Theory of Change with plans to complete Inputs and Activities in December. • Key risk - connecting the approach and work at locality level with the wider system direction and programmes coming down the line. 	<p>South Bristol Locality Partnership Board</p> <p>(Joe Poole – Improvement Coach)</p>
To agree logic model and begin tests of change by end January 2026			

Both Woodspring and South Bristol are making strong progress and are currently in line with national expectations. National coaches have also met with local leaders to reinforce their commitment and ongoing support for this important work. The next steps are to agree logic models for the changes to be made during the programme and to agree a prototype testing plan for these. The national expectation is that tests of change should begin before the end of January 2026.

NHS England Neighbourhood baseline submission

As part of the National Neighbourhood Health Implementation Programme (NNHIP), test sites have recently been asked to assess themselves against a baseline template including six key domains or 'steps' for neighbourhood health. This is being piloted with NNHIP sites, but it is anticipated that all Integrated Care Boards (ICBs) will be required to complete it in the near future. The areas of focus include:

Step/Domain	Outcome
Step 1: Agree coterminous neighbourhood footprints around natural communities of around 50,000 people.	An agreed set of neighbourhoods for each Health and Wellbeing Board area that the public can recognise, and GPs, trusts, local authority partners and VCSE services can see their teams working together in.
Step 2: Agree a plan for tackling unwarranted variation in access to high quality general practice	The population has good access to their GP practices. Where this isn't the case, there is an agreed improvement plan between the ICB and the practice.

Step 3: Continue to improve relationships and performance across the primary and secondary care interface by implementing the recommendations of the Red Tape Challenge (RTC).	Demonstrated improvement measured through local assessment on delivery or improvement in the areas highlighted in the RTC and Bridging the Gap
Step 4: Agree plans to establish integrated neighbourhood teams (INTs).	(1) Reduction in unnecessary non-elective admissions and bed days as a result of INTs providing better and more joined up care for the target cohort (2) With reduction at a scale where the impact is meaningful at a trust level for the target cohort.
Step 5: Agree an initial plan with partners to reduce non-elective admissions by increasing capacity for urgent, rehabilitation and reablement services across multiple neighbourhoods.	Improved care and a reduction in unnecessary non-elective admissions and bed days – and ensure that these and other measures reduce total non-elective admissions and bed days.
Step 6: Start to plan for a new neighbourhood approach for elective pathways.	An initial plan, with ICBs and primary care, for how greater access to specialist advice and direct access to diagnostics for specific specialties, when aligned to neighbourhoods, can support GPs to manage more patients without the need for referral. The plan should include monitoring of referrals and total waiting list for chosen specialties.

4. Neighbourhood Health and care programme coordination

Neighbourhood Programme Group update

The Neighbourhood Programme Group was established to coordinate and support neighbourhood health work, not to control it. Its purpose is to align resources to maximise impact and provide a collaborative space to explore complex questions together. This approach aims to ensure partners can work collectively while maintaining autonomy in their respective areas. Currently, the group is focused on:

- establishing a shared understanding of progress to date with implementing neighbourhood health in BNSSG
- clarifying priorities
- agreeing on the roles and responsibilities of each partner

5. Next steps

It is proposed that an update is next provided to the ICB Board in February 2026 to allow time for further work to be completed.

This will involve supporting the development of a five-year strategy, population health plan and supporting Strategic Commissioning Framework as part of planning and transition. The

aim is to ensure that local needs shape system-wide strategy, enabling the effective commissioning of neighbourhood health services in partnership with Local Authorities.

Other key actions and next steps are:

- Continuing to support Health and Wellbeing Boards (HWBs) to develop their Neighbourhood Wellbeing and Health Plans and draw these together across a BNSSG footprint
- Ensuring these plans are reflected in commissioning intentions and our Population Health Plan.
- Continued support to local NNHIP test sites
- Explore the role of lead integrators as has been established in other ICBs