BRIEFING	TO:	Health and Wellbeing Board
	DATE:	26/11/25
	LEAD OFFICER	Joanne Martin – Programme Lead, Transformation and Delivery – NHS South Yorkshire
	TITLE:	Neighbourhood Working

Background

1.1 **Programme Overview:**
Rotherham has been accepted onto the National Neighbourhood Health Implementation Programme (NNHIP), a national initiative aimed at accelerating neighbourhood working and strengthening proactive care.

1.2 **Local Context:**
Two local workshops have helped shape shared ambitions and define early priorities. Partners have confirmed strong commitment to building on community assets and existing neighbourhood models.

1.3 **Purpose of Programme:**
- Align national expectations—focused on adults with multiple long-term conditions (LTCs) and those at rising risk—with local priorities including prevention, children's health, frailty, and employment support.
- Create the conditions for neighbourhood working to thrive through collaboration, improved data use, and rapid testing of new approaches.

Key Issues

2.1 **National vs Local Priorities:**
There remains an inherent tension between the scope of the national programme and the breadth of local ambition. The national requirements are tightly defined, focusing on adults with two or more long-term conditions—or one condition with rising risk— particularly those experiencing deprivation, belonging to minority ethnic communities, or aged 18–40.

2.12 In contrast, local partners have articulated a wider vision for neighbourhood working that encompasses prevention across the life course, frailty and end-of-life pathways, children and young people's health, and support to enable residents to return to work.

2.13 The programme therefore needs to balance delivering the national ask while ensuring it meaningfully supports local priorities and adds value to existing initiatives.

2.21 **Programme Delivery Challenges:**
Embedding proactive care and prevention within neighbourhood models represents a significant shift in how services work together. Partners will need to coordinate resources, agree shared operational processes, and collectively adapt to new ways of working.

2.22	Establishing governance structures that provide sufficient oversight, transparency, and accountability is essential—particularly as reporting will link to both the Place Leadership Team and the Health and Wellbeing Board. Ensuring these arrangements are robust, streamlined, and not duplicative will be critical for maintaining momentum.
2.31	**Data and Insight:** Data remains both an enabler and a challenge. While Eclipse and local intelligence will support the identification of target cohorts, there is variability in data quality and completeness across the system. Partners will need confidence that cohort selection is accurate and reflective of neighbourhood needs.
2.32	The programme also requires rapid evaluation cycles to test, refine, and scale interventions at pace. This will demand strengthened analytical capacity, clear feedback loops, and consistent use of insight to inform decision-making and ensure learning is captured and shared across neighbourhoods.

Key Actions and Relevant Timelines

3.1	**Immediate Actions (by Dec 2025):** • Neighbourhood Compact Agreement signed (10th December 2025). • Governance arrangements and operational groups established. • Target cohorts defined and the proactive care model refined.
3.2	**Programme Milestones:** • Kick-off workshops and system inception (February–September). • Regional workshops completed and programme objectives agreed (September–October). • Delivery framework to be finalised by December.
3.3	**Next 12 Months:** • **National Programme:** Strengthen proactive care for rising-risk patients across PCN footprints. • **Local Programme:** Advance prevention work on diabetes, heart health, and risk factors such as smoking, obesity, and hypertension, with targeted activity in Eastwood Village.

Implications for Health Inequalities

4.1	Addressing health inequalities through this programme goes beyond improving outcomes for individuals; it strengthens the entire health and care system. By focusing on proactive care and targeted prevention, we aim to reduce the disproportionate burden of disease in deprived communities and among minority groups. This approach ensures that those most at risk receive timely, coordinated support, which not only improves quality of life but also prevents escalation to acute care.
4.2	For the wider system, these changes mean fewer emergency admissions, reduced outpatient demand, and more efficient use of resources. Integrated Neighbourhood models foster collaboration between health, social care, and voluntary sectors, creating a sustainable framework for long-term improvement.
4.3	Ultimately, this programme supports a cultural shift towards prevention and community-based care, building resilience and equity across the system.

Recommendations	
5.1	**Note the Programme:** The Board is asked to note the progress of the National Neighbourhood Health Implementation Programme (NNHIP) and the alignment of national requirements with Rotherham's local priorities.
5.12	This includes recognition of the programme's intended contribution to strengthening neighbourhood working, enhancing proactive care, and supporting wider prevention activity.
5.13	Acknowledging this programme formally ensures shared understanding across partners and confirms its place within the broader system transformation agenda.
5.2	**Agree Governance and Reporting Mechanisms:** The Board is asked to approve the proposed governance structure, including the establishment of the Operational Group reporting to the Place Leadership Team, and onward reporting to the Health and Wellbeing Board as required.
5.21	These arrangements will ensure clear accountability, enable timely and informed decision-making, and provide a consistent framework for monitoring progress. Agreement of the governance mechanisms will support streamlined oversight and ensure that partners are working within a coherent and transparent structure.