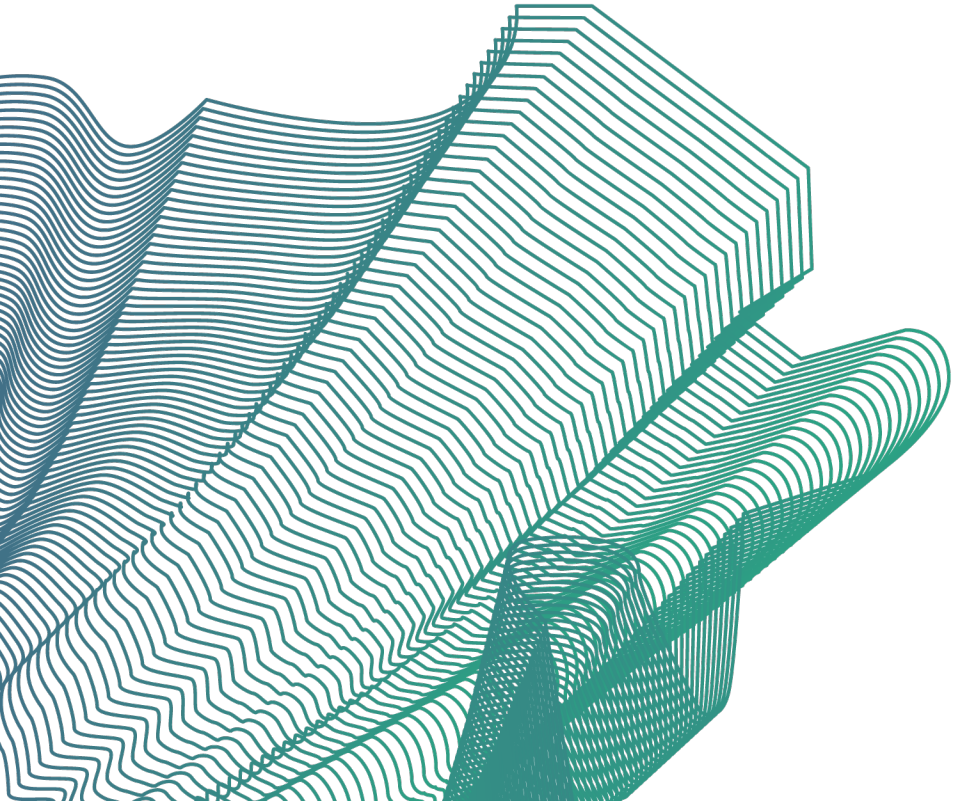
ROTHERHAM

PLACE PARTNERSHIP | HEALTH AND CARE

Rotherham Place Board

Neighbourhood Health Framework Overview



ROTHERHAM INTEGRATED CARE PARTNERS

Connect Healthcare Rotherham CIC
NHS Rotherham Clinical Commissioning Group
Rotherham Doncaster and South Humber NHS Foundation Trust
Rotherham Metropolitan Borough Council
The Rotherham NHS Foundation Trust
Voluntary Action Rotherham

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What is the Neighbourhood Health Framework?

The Neighbourhood Health Framework sets out the government's approach to establishing a neighbourhood health service across England, shifting care:

- From hospitals to communities
- From reactive treatment to prevention
- From fragmented services to integrated neighbourhood teams

It provides a national framework that defines:

- What "neighbourhood health" means at neighbourhood, place and system level
- The minimum national goals and metrics
- The roles of ICBs, local authorities, Place-based partnerships and Health and Wellbeing Boards
- A phased implementation approach between 2026–2029
- The expectation that financial arrangements support neighbourhood delivery
- General practice and Primary Care Networks (PCNs) are core to neighbourhood teams

Core Purpose of Neighbourhood Health

Neighbourhood health aims to ensure that most people's health and care needs are met within their local neighbourhood, through:

- Multi-disciplinary teams (MDTs) working at neighbourhood level – footprints of 30 – 50k populations
- A strong focus on prevention, early intervention and proactive care
- Integration of NHS, social care, VCSE and community services
- Addressing wider determinants of health (housing, employment, social connection)
- Builds on existing Better Care Fund principles, including integration, prevention and reducing avoidable hospital use

This is a core delivery pillar of the 10-Year Health Plan and is intended to be the default way services are designed and delivered supported by aligned funding and commissioning arrangements at Place

National Minimum Goals (What the Rotherham System Must Deliver)

The framework establishes five national minimum goals, each with defined objectives and metrics. These must be delivered locally alongside locally-set priorities:

1. Improved health outcomes
2. Improved access to general practice
3. Better experience of planned care
4. Improved urgent and emergency care (UEC) outcomes
5. Improved patient and staff experience

These goals are expected to be delivered through neighbourhood models, with:

- Place-level leadership
- Aligned financial and commissioning arrangements
- System-level assurance

Required Areas of Reform
(What Must Change on the Ground)

Over the next three years, systems are required to deliver a minimum set of neighbourhood interventions across three reform priorities

1. ***Improving services for people with routine care needs***
    - Easier, faster access to general practice and community services
    - Better navigation and digital access (including NHS App)
    - Delivery through modern general practice and PCNs, with improved access and navigation
2. ***Strengthening proactive and preventative care***
    - Population health management and risk stratification
    - Targeted support for people with complex needs
    - Early intervention to prevent escalation
3. ***Creating better alternatives to hospital care***
    - Expanded community-based services
    - More care delivered at home or close to home
    - Reduced avoidable admissions

All three require neighbourhood delivery, coordinated at Place and enabled by aligned resources

Implementation Expectations and Timeline

Neighbourhood health builds on modern general practice and the Better Care Fund, delivered through neighbourhoods aligned to PCNs and led at Place

The framework sets out two implementation stages:

Stage 1 – 2026/27

- Immediate improvements building on existing neighbourhood and PCN arrangements
- Early use of population health data
- Initial alignment of resources to support prevention and access
- Alignment with existing Better Care Fund plans and priorities

Stage 2 – April 2027 to March 2029

- More formalised neighbourhood models
- Commissioning reform and greater financial flexibility
- Increasing ability to shift investment from hospital to community settings
- National support will be provided through the National Neighbourhood Health Programme

Defined Roles/Geographies

The framework is clear about who does what, and how those roles work together across the system.

Integrated Care Boards (ICBs)

- Set overall direction and assure delivery
- Commission neighbourhood health models
- Define metrics and monitor outcomes

Local Authorities

- Co-lead neighbourhood health alongside ICBs
- Align prevention, public health and wider determinants
- Support place-based integration

Health and Wellbeing Boards

- Provide strategic leadership
- Ensure alignment with JSNA and Joint Health and Wellbeing Strategy
- Hold the system to account for reducing inequalities
- Act as the forum for democratic and community oversight

Defined Neighbourhoods

- Typically serve 30,000–50,000 population
- Often aligned to Primary Care Networks
- Designed to be
  - Locally meaningful
  - Operationally viable for MDTs

What This Means for SYICB

Key shift: From operational oversight and activity management to strategic commissioners for defined populations

Implications	In practice, ICBs will need to:

• ICBs are responsible for setting direction, not running services
 	
• Commissioning is organised around:
  • neighbourhood populations (30–50k)
  • larger aggregated populations
 	
• Increased use of:
  • population-based contracts
  • outcomes-based accountability
 	
• Providers take on greater responsibility for delivery, integration and performance
 	
• Stronger use of population health management to address inequalities
 	
• Prevention becomes a core commissioning expectation, not an add-on
	• Focus on:
	  • defining outcomes for neighbourhoods
	  • commissioning for impact rather than volume
	
	• Shifting investment upstream into:
	  • neighbourhood teams
	  • community services
	  • alternatives to hospital care
	
	• Supporting providers to:
	  • operate across neighbourhoods
	  • hold outcomes-based contracts
	
	• Using place-level governance to:
	  • track neighbourhood outcomes
	  • address unwarranted variation and inequalities
	  • success to be measured by population outcomes in Rotherham, not organisational throughput.

What This Means for RMBC

Key shift: From service specific roles to place based system leadership for neighbourhood health

Implications	In practice, Councils will need to:
Councils are central to neighbourhood health, not peripheral Prevention and the wider determinants of health become: • core system priorities • shared NHS–council responsibility Health & Wellbeing Boards have an enhanced role in: • setting neighbourhood priorities • agreeing outcomes • holding the system to account • Council services must align more explicitly to neighbourhood footprints	The council jointly defines neighbourhoods with the ICB and NHS partners Council services actively support Integrated Neighbourhood Teams, particularly through: • adult social care • housing • public health • community and VCSE links • The Health & Wellbeing Board: owns the neighbourhood health plan • Ensures alignment with the JSNA and Health & Wellbeing Strategy • Focuses scrutiny on inequalities and prevention anchoring neighbourhood health in communities, prevention and place.

What This Means for Provider Organisations

Key shift: From delivering isolated services to being accountable for outcomes for defined populations
Providers succeed by acting as system leaders for neighbourhood health, not standalone organisations

Implications

Providers are expected to:
- Work as part of Integrated Neighbourhood Teams (INTs)
- Take shared responsibility for population outcomes

Greater expectation to:
- collaborate formally with other providers (including councils and VCSE)
- operate across organisational and sector boundaries

Increased use of:
- population-based and outcomes-based contracts
- lead provider or alliance models

More responsibility sits with providers to:
- manage resources flexibly
- redesign pathways
- reduce reliance on hospital care

Performance is judged on:
- outcomes, experience and equity - not just activity levels

In practice, providers will need to

Providers operate as part of defined neighbourhood footprints, aligned to:
- GP practices / PCNs
- community services
- social care and VCSE partners

Neighbourhood teams become the default frontline delivery model, particularly for:
- long-term conditions
- frailty
- complex and high-need patients

Providers are expected to:
- contribute to joint neighbourhood health plans
- share workforce, data and decision-making

More delivery happens:
- in people's homes
- digitally
- in community settings

Provider leaders focus on:
- integrating services end-to-end
- improving population outcomes
- reducing inequalities across neighbourhoods

What This Means for the Rotherham Place Board

Key shift: From coordination to clear neighbourhood delivery ownership

Implications:

- Stronger accountability for delivering neighbourhood services, not just planning them
- Oversight of multi-disciplinary neighbourhood teams
- Clear links between neighbourhood delivery and:
  - Primary care
  - Community and mental health services
  - VCSE partners
- Use of population health data to target resources and reduce inequalities
- Ensure Better Care Fund plans support neighbourhood priorities

In practice, the Place Board will need to:

- Agree neighbourhood footprints that balance local identity with delivery viability
- Ensure neighbourhood models align with national minimum goals
- Track place-level outcomes and performance
- Resolve delivery barriers across organisations
- Support cultural change towards integrated working
- Align better care fund to neighbourhoods

What This Means for the Rotherham Health and Wellbeing Board

Key shift: From broad strategic oversight to explicit stewardship of neighbourhood health

Implications:

- Neighbourhood health becomes a core delivery route for the Joint Health and Wellbeing Strategy
- Stronger focus on:
  - Prevention
  - Inequalities
  - Wider determinants of health
- Increased expectation to hold the system to account for neighbourhood outcomes, not just plans
- Neighbourhood health builds on BCF and GP reforms, not alongside them

In practice, the HWB will need to:

- Ensure the Joint Strategic Needs Assessment (JSNA) and strategy clearly drive neighbourhood priorities
- Monitor whether neighbourhood models reduce inequalities
- Provide visible leadership across partners and communities
- Strengthen links with place-based and community leadership

Key Differences Between the Boards

Rotherham Place Board	Health & Wellbeing Board
Delivery-focused	Strategy and assurance-focused
Oversees neighbourhood teams and services	Oversees inequalities, prevention and system outcomes
Resolves operational and financial barriers	Holds system leaders to account
Focus on “how” services work	Focus on “why” and “for whom”

Required Areas of Reform: Suggested Approach for Rotherham

Strengthening Routine & Preventative Care

What changes nationally?

- Improve access to routine care, especially general practice and community services
- Begin consistent use of population health management
- Start shifting from reactive to proactive care models

What this means for Rotherham

- Agree our Neighbourhoods and test in shadow form
- Build on existing partnership working such as proactive care
- Improve access and navigation across GP, community and VCSE services
- Use Rotherham population health data to identify people at risk of deterioration and Communities experiencing the poorest outcomes
- Identify pooling financial resources to gain economies of scale
- Place Board to oversee delivery progress and resolve system barriers

Embedding Proactive Neighbourhood Care

What changes nationally

- Proactive, preventative care becomes standard practice
- Neighbourhood MDTs operate consistently across places
- Better coordination for people with complex needs

What this means for Rotherham

- Neighbourhood teams increasingly work as “one team” across organisations
- Stronger alignment between:
  - Primary care
  - Community and mental health services
  - Adult social care and VCSE
- Health and Wellbeing Board to assess whether neighbourhood approaches are reducing inequalities and improving outcome

Shifting Care Away from Hospital

What changes nationally

- Clear alternatives to hospital admission
- More care delivered at home or close to home
- Reduced avoidable A&E attendances and admissions

What this means for Rotherham

- Expanded community-based services supporting people outside hospital
- Stronger links between neighbourhood teams and urgent care pathways
- Clear evidence of impact on:
  - Hospital activity
  - Patient experience
  - Health inequalities
- Joint assurance through Place Board delivery oversight and HWB strategic accountability

Closing Summary

Neighbourhood health is now a national requirement, not optional

Delivery is organised by clear geographies:

- Neighbourhoods deliver care (typically aligned to PCNs)
- Place leads integration and delivery oversight
- System assures overall performance

Neighbourhood health builds on existing programmes, particularly:

- The Better Care Fund, as a key enabler of integration and prevention
- Modern general practice and PCN reform, as foundational to neighbourhood models

Financial success depends on alignment, not mandatory pooling:

- Place-based leadership is required to remove financial barriers
- Resources must increasingly support prevention and care closer to home

Neighbourhoods must be:

- Small enough to be locally meaningful
- Large enough to support sustainable multi-disciplinary teams

The Place Board and Health & Wellbeing Board have distinct but interdependent roles in ensuring neighbourhood health improves outcomes and reduces inequalities in Rotherham