

LONDON BOROUGH OF CAMDEN	WARDS All
REPORT TITLE Introduction to Neighbourhood Health Plans	
REPORT OF Director of Strategy, University College London Hospitals NHS Foundation Trust	
FOR SUBMISSION TO Health and Wellbeing Board	DATE 8 th July 2026
<p>SUMMARY OF REPORT</p> <p>This report provides an introduction to the requirement for Local Authorities and Integrated Care Boards (ICBs) to develop Neighbourhood Health Plans, as set out in the national Neighbourhood Health Framework published in March 2026. It includes an overview of the implications for Camden, covering alignment with the initial expectations for 2026/27 and work to develop an outcomes framework which will support the eventual plan, to be delivered in 2027/28.</p> <p>Local Government Act 1972 – Access to Information</p> <p>No documents that require listing have been used in the preparation of this report.</p> <p>Contact Officer:</p> <p>Colin Gajewski Senior Policy & Projects Officer London Borough of Camden 5 Pancras Square, London N1C 4AG colin.gajewski@camden.gov.uk</p>	
<p>RECOMMENDATION</p> <p>That the Health and Wellbeing Board note the report.</p>	

Signed:



Johanna Moss
Director of Strategy, UCLH NHS Foundation Trust
Date: 29th June 2026

1. Purpose of Report

- 1.1. This report is coming to Health and Wellbeing Board to share with members the key messages from the National Health Framework published by DHSC in March 2026, chiefly the expectations around developing Neighbourhood Health Plans. These are being introduced to facilitate the aims of the NHS 10 Year Plan concerning neighbourhood working and will need to be approved by Health and Wellbeing Boards. The report introduces the expectations of local partnerships in 2026-27 and 2027-28 and provides the local context.

2. National Context and Expectations

Introducing the Neighbourhood Health Framework

- 2.1. The national Neighbourhood Health Framework¹ was published in March 2026 as part of the ambitions of the 10-Year Health Plan toward establishing a Neighbourhood Health Service - 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.
- 2.2. This comes at a time of significant change for the health and care system, including the impacts of ICB reform and local government reorganisation. Meeting the challenge will require strong collaboration across local government, the NHS, public services, and the voluntary and community sector to deliver benefits for residents and communities.
- 2.3. The framework is intended to guide work delivered through and overseen by Health and Wellbeing Boards, and to inform local authority and ICB plans for future health and care service design and delivery. It builds on the NHS Medium Term Planning framework² and the ICB strategic commissioning framework³, published in 2025 to communicate delivery priorities and support local partnerships to standardise and scale neighbourhood health.

Key Messages

- 2.4. 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. 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.
- 2.5. Local systems will benefit from learning resulting from the National Neighbourhood Health Implementation Programme, which will work with selected local areas to build capability, develop infrastructure, and identify

¹ <https://www.gov.uk/government/publications/neighbourhood-health-framework>

² <https://www.england.nhs.uk/long-read/medium-term-planning-framework-delivering-change-together-2026-27-to-2028-29/>

³ <https://www.england.nhs.uk/long-read/strategic-commissioning-framework/>

success criteria for the scaling of new models. DHSC, MHCLG, and other partners are also establishing an engagement forum for local government and the NHS, as a space to escalate challenges and identify opportunities for partnership working.

Expectations for 2026/27 and 2027/28

- 2.6. Working in partnership through Health and Wellbeing Boards, in 2026/2027, ICBs and local authorities are asked to:
- Agree neighbourhood footprints around natural communities for the future development of integrated neighbourhood teams (INTs).
 - Agree plans to establish INTs focussed on high priority cohorts, including how devolving care budgets could work in their area.
 - Confirm intentions to use pooled funding under the Better Care Fund (BCF) in line with BCF 2026/27 guidance (noting that funding decisions must be consistent with the national conditions for the BCF, including the required increases in ICBs' minimum contributions to adult social care over the next three years).
 - Confirm organisational ownership of planned deliverables.
 - Confirm plans for having the appropriate data-sharing arrangements in place to do robust patient identification and evaluation.
- 2.7. From 2027/28 ICBs and local government, working through Health and Wellbeing Boards, must develop a local Neighbourhood Health Plan. The plan will need to:
- Set out how neighbourhood health will support wider local goals for improving health outcomes, reducing health inequalities and delivering on any locally agreed wider public service reform agendas. Provide a broad overview of how the national NHS objectives will begin to be delivered through the 3 reform agendas. The 3 reform agendas are:
 - To improve services for people who need routine health and care, so neighbourhood health benefits everyone.
 - To improve proactive care for people.
 - To deliver better alternatives to hospital care.
 - 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 them and the health and wellbeing board.
 - Confirm final geographies that partners will work within.
 - Confirm which organisations are responsible for different elements of delivery.

- Confirm the arrangements which will be in place to deliver the local Neighbourhood Health Plan, including governance and operational partnership arrangements.
- Confirm how any other relevant initiatives align with the strategy (such as family hubs, housing, mental health hubs, Pride in Place and employment support).

3. Local context

ICB and Camden Integrator

- 3.1. In Camden we are adapting to the impact of national ICB reorganisation, alongside the merger of the North Central and North West London, forming the new West and North London ICB. While associated funding reductions pertain to ICB running costs rather than directly affecting local integration work, some disruption is inevitable as new roles and responsibilities are settled.
- 3.2. The Camden Integrator is a partnership of UCLH and our two local GP Federations (Camden Health Evolution and Camden Health Partners). While it is not yet fully confirmed what resource and capacities previously held at the system level will be transferred or delegated, the Integrator partnership have been keen to mobilise a programme of work so have organisationally co-funded the roles of Programme Director, Programme Manager and Strategic Clinical Directors. A Neighbourhood Programme Delivery Board chaired by CNWL has been established to provide direction and oversight.
- 3.3. As part of the programmatic approach, the Integrator has established key priority workstreams to further develop Camden neighbourhoods. A central workstream is the further development of the five local neighbourhood teams and support for each neighbourhood to identify a local priority to work together on, fostering collaboration and improving ways of working. Alongside these neighbourhood networks we are also further mobilising the Integrated Neighbourhood Team in the East to take a proactive, case identification approach, supported by primary and secondary care clinicians, to better understand how to support residents with multi-morbidity. In addition, there are borough-wide workstreams focused on proactive out of hospital services, starting with Hospital@Home as well as Community Gynaecology and End of Life services.

Response to expectations

- 3.4. The initial expectations for 2026/27 are largely aligned with existing progress on joint local working, and we can be confident they will be fully met within the required timeframe.

- Clear ward-based neighbourhood footprints are agreed. These are recognisable to residents and the majority of providers, and work is underway to align with Primary Care Networks and other service footprints.
- Camden's East Integrated Neighbourhood Team has piloted a localised approach to joint working and supporting high priority cohorts, and work continues to develop the future of INTs across the borough.
- Intentions to use pooled funding under the Better Care Fund (BCF) in line with BCF 2026/27 guidance will be agreed through the Health and Wellbeing Board.
- Development of an outcomes framework as discussed below will firm up organisational ownership of planned deliverables.

Outcomes Framework

- 3.5. CICE (Camden Integrated Care Executive) have agreed plans to develop an outcomes framework for neighbourhood working. This will build on the local shared vision set out in the joint Health and Wellbeing Strategy and incorporate core deliverables and indicators from the Neighbourhood Health Framework alongside relevant local system measures. This work will in turn support development of a narrative setting out the rationale and ambitions for neighbourhood working in a way that is accessible to staff and communities. The Health and Wellbeing Board will be consulted on the draft outcomes framework and narrative in advance of reviewing and adopting the eventual neighbourhood health plan.

4. Finance Comments of the Director of Finance

- 4.1. The Director of Finance has been consulted on the contents of the report and has no comments to add to the report.

5. Legal Comments of the Borough Solicitor

- 5.1. There is no specific legal duty at this stage for the Health and Wellbeing Board to produce the Neighbourhood Health Plan. However the Board has the broad duty under Section 195 of the Health and Social Care Act 2012, for the purpose of advancing the health and wellbeing of the people in its area, to encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

6. Environmental Implications

- 6.1. There are no environmental implications to the contents of this report.

REPORT ENDS