

Slough Borough Council

Report To: Slough Health and Wellbeing Board

Date: 16 June 2026

Subject: Neighbourhood Health and National Neighbourhood Health Implementation Programme (East Berkshire and Slough) Update

Chief Officer: **Tessa Lindfield**, Executive Director Public Health, Public Protection, Engagement & Communities, Slough Borough Council
Kelly Evans, Deputy Director Public Health, Slough Borough Council
Martha Earley, Associate Director of Place and Communities, Bracknell Forest, Royal Borough of Windsor and Maidenhead and Slough NHS Thames Valley ICB

Contact Officer: **Dr Farah Elahi**, Neighbourhood Health Strategic Coach, National Neighbourhood Health Implementation Programme, Slough Borough Council

Ward(s): ALL

Exempt: No

Appendices: Yes

1. Summary and Recommendations

- 1.1 This paper provides the Health and Wellbeing Board with an overview of the national Neighbourhood Health policy agenda, what it means for Slough, as a deep-dive site for East Berkshire within the National Neighbourhood Health Implementation Programme (NNHIP) and a progress update.

Strategic Alignment

Please indicate which priority in the *Joint Local Health and Wellbeing Strategy: Slough Health and Wellbeing Strategy 2026–2036* your report aligns with, and specify the population group or place targeted:

Priority 1 – People at the Centre	Priority 2 – Prevention, prevention, prevention	Priority 3 – Growing our health and wellbeing system with Slough in Mind
X	X Diabetes	

Start Well	Live Well	Age Well	Healthy Place
X	X	X	X

Design Principles Alignment

Please indicate how this work supports our design principles and provide evidence for any relevant areas of alignment:

Evidence based programme design	Coproduction with communities	An integrated approach	Supporting our wider workforce	Shared responsibility	Sustainability
	X	X			

1.2 Consideration:

Information

Discussion

Decision

Endorsement

Recommendations:

The Health and Wellbeing Board is recommended to:

- a) Support the future development of Slough's neighbourhood health vision and delivery plan, which is a shared, system-wide approach across Slough that clearly defines neighbourhood geographies and priority cohorts.
- b) Support integrated neighbourhood delivery through test-and-learn models. Build on existing test-and-learn workstreams to strengthen delivery.
- c) Support the use of population health management and community insight into decision-making, which can be used to target interventions and track outcomes more effectively.

Reason: The Slough Health and Wellbeing Board plays a vital role in the governance structure and so it is important that the Board are provided with updates and support the recommendations, which will help with the programme's progress.

2. Report

2.1 National Context

- 2.1.1 [NHS England's 2025/26 Neighbourhood Health Guidelines](#) outline the ambition to strengthen local multi-disciplinary working, make better use of community assets, and build population health approaches around smaller, more connected local geographies. The programme is designed to accelerate integrated working and enable health, local government and voluntary sector partners to design

services around the needs, strengths and circumstances of local communities.

- 2.1.2 The [Neighbourhood Health Framework](#) was published in March 2026 and sets out the new national direction for organising health and care services around 'natural' neighbourhoods and delivering care closer to home. Health and Wellbeing Boards (HWBs), ICBs, and local authorities will set local goals to improve care, reduce inequalities, support home-based care, and align with local reforms and community initiatives. The Framework includes:
 - 2.1.2.1 National goals and metrics: improved health outcomes, improved access to GP, improved planned care experience, improved UEC performance, improved patient and staff experience.
 - 2.1.2.2 Delivering neighbourhood health via integrated neighbourhood teams (INTs).
 - 2.1.2.3 The framework sets out three new population-based commissioning and provider models for neighbourhood health: Single Neighbourhood Providers serving around 50,000 people, Multi-Neighbourhood Providers covering about 250,000 people, and Integrated Health Organisations, which would hold whole-population contracts and budgets for a defined geographic area.
 - 2.1.2.4 Estates and Neighbourhood Health Centres (NHCs): the framework outlines a national ambition to create 250 NHCs by 2035, forming a more coherent estate from which neighbourhood-level services can operate.

2.2 National Neighbourhood Health Implementation Programme (NNHIP)

- 2.2.1 Over the summer in 2025, NHS England and the Department of Health and Social Care invited Integrated Care Boards and Local Authorities to nominate places to join the first wave of the NNHIP - a large-scale change programme to support the delivery of neighbourhood working, backed by £10 million funding.
- 2.2.2 On 9 September, the Government announced 43 sites across England for wave one. These sites would receive targeted support, structured learning opportunities and evaluation guidance to help establish and test neighbourhood-based models of care. Within each Integrated Care System, at least one place was asked to take on a deep-dive role in shaping, testing and evaluating the model.
- 2.2.3 Participating areas will use a 'test, learn and grow' approach, supported by a national taskforce and enabler groups focused on data, finance, estates, and workforce. This is not a full national rollout but a focused programme to build on existing good practice and address barriers to scaling neighbourhood models.
- 2.2.4 East Berkshire has been selected for wave one, with Slough designated as the deep-dive implementation site. This places Slough at the forefront of designing, testing and evaluating neighbourhood-based approaches that shift care closer to communities and tackle the root causes of health inequalities.

2.3 Current work and local activity

2.3.1 NNHIP National Reporting

2.3.1.1 There is a national requirement to monitor and evaluate the impact of NNHIP test and learn workstreams. Therefore, local NNHIP Places are required to measure the progress and impact of their interventions. This includes:

- Capturing and submitting a core set of national metrics. This reporting began in March 2026 and will end in May 2027. The metrics track how frequently patients in the cohort use health services across the system. This includes rates of consultant-led outpatient appointments, acute non-elective admissions (both zero-day and longer stays), inpatient bed days, ambulance conveyances, A&E attendances, GP and Primary Care Network appointments, and community care contacts, all measured per 1,000 patients.
- Completing a NNHIP Wave One Summary of Achievements report. The report highlighted that the programme is supported by strong joint governance across the local authority, NHS, and voluntary sector. It has defined target populations, established mechanisms for quantitative evaluation, and broadened engagement across the multidisciplinary team, with growing VCSO leadership. Co-design has strengthened through resident and partner input, and population segmentation has created a shared understanding of priority cohorts for targeted, aligned interventions and outcome measurement.

2.3.2 Progress and development

2.3.2.1 The resources required to deliver the NNHIP programme are funded through the Better Care Fund (BCF).

2.3.2.2 The Neighbourhood Health and Wellbeing Maturity/Development Matrix illustrate that East Berkshire and Slough are still in the mobilisation and development stage for the six Neighbourhood Domains (working with people and communities, working together in partnership, building the team, population health management, leadership and governance, evaluating the impact on citizen experience and outcomes) and aim to progress into the maturity and optimisation stage.

2.3.3 NNHIP East Berkshire and Slough Test and Learn Workstreams

2.3.3.1 Several test and learn workstreams are currently being delivered across the system, targeting four cohorts: individuals at risk of developing diabetes, pre-diabetic patients, patients diagnosed with type 2 diabetes, and patients with complex diabetes (covering primary, secondary, and tertiary prevention) (please see appendix paper 1). The test and learn workstreams are outlined below:

- Social prescribing pathway: the Joy app software supports a social prescribing pathway, enabling health, care, and community professionals to connect people with services and activities that improve wellbeing and support prevention and self-management. It helps reduce avoidable GP visits and hospital admissions by coordinating referrals to appropriate community support. The system also integrates

multiple stakeholders, creating a more streamlined and collaborative patient journey. The pilot is currently in the development stage.

- Neighbourhood Wellbeing Hub Sessions & Pre-Diabetes Community Support Pilot (Viva Slough): this community-based space provides residences with the opportunity to improve physical health, nutrition, confidence, and social connection, with an estimated reach of 1000 residents. Alongside the hubs, Viva Slough is delivering a targeted pilot to improve engagement with the NHS Diabetes Prevention Programme (NDPP), currently experiencing low referral and retention rates. The pilot is currently in the delivery and evaluation stage.
- Reducing health inequalities for working ages people living with diabetes in slough through point of care (poc) HbA1c testing. This Frimley ICB and Eli Lilly funded project aimed to i) improve access to HbA1c testing and earlier diagnosis through Point-of-Care Testing (POCT) delivered in primary care and patient homes ii) re-engage disengaged patients using risk-stratified population health tools. The findings across 3 PCNs showed a 13% increase in HbA1c recording, from 85% to 98%, a 10% increase in HbA1c ≤ 58 mmol/mol achievement and a 6% increase in achievement of all 3 treatment targets. This project is now moving onto phase 2.
- Diabetes UK are working with Slough to map the diabetes pathways by gathering survey data and focus groups which illustrates the 'professional view' & the 'public/patient view' of diabetes care in Slough. This work will align with the diabetes pathway mapping work being completed by the NNHIP Programme Team.
- Secondary research: The Public Health team undertook a Health literacy scoping review (please see appendix paper 2), which found that health literacy is critical to improving diabetes outcomes in Slough, particularly given its diverse population and higher risk of type 2 diabetes among ethnic minority groups. The findings showed that strengthening health literacy directly supports these aims by enabling people to understand blood glucose monitoring, medication management, lifestyle advice and how and when to access appropriate services. The next step is to implement these findings into our test and learn workstreams.
- Targeted glucose monitoring to improve control and prevent deterioration (CGM) across Slough: CGM transforms diabetes management by providing real-time, 24/7 glucose readings and trend arrows. This constant feedback loop empowers patients to make immediate adjustments to diet, exercise, and medication—ultimately lowering HbA1c, increasing time-in-range, preventing severe hyperglycemia. This Thames Valley ICB and Abbott project is currently in the development stage.

2.3.3.2 The NNHIP team are in the processing of identifying and pursuing additional workstreams.

2.4 Proposed next steps for Slough.

2.4.1 The following high-level steps are proposed for the coming months.

2.4.2 Establishing foundations

2.4.2.1 Agree clearly defined sections of the population to work with and a local definition of neighbourhood geographies, aligned with existing structures where possible.

- 2.4.2.2 Map neighbourhood-level assets, including services, networks, community groups and physical spaces.

2.4.3 Engagement and codesign

- 2.4.3.1 Undertake further engagement with residents, voluntary/community groups and frontline teams to identify priorities and shape the local model.
- 2.4.3.2 Explore how existing community insight, health inequalities data and lived experience can guide neighbourhood priorities.

2.4.4 Planning, implementation and evaluation

- 2.4.4.1 Identify further test-and-learn workstreams and continue to oversee and evaluate current test-and-learn workstreams (e.g., long-term conditions, outreach and preventive activity, community connectors).
- 2.4.4.2 Continue to work with the national team on evaluation metrics and data requirements.
- 2.4.4.3 Ensure that the test and learn workstreams can be scaled across the wider system and region.

2.4.5 Connection to wider system and national priorities

- 2.4.5.1 Neighbourhood health aligns with several existing strategic priorities across Slough and East Berkshire, including prevention, reducing health inequalities, improving access and experience, and strengthening multi-agency coordination.
- 2.4.5.2 The work will be aligned with national priorities and local system priorities such as the Joint Strategic Needs Assessment, Integrated Care Strategy and the Health & Wellbeing Strategy and the Thames Valley ICB Commissioning Intentions 2026-2030.
- 2.4.5.3 Consider how other government place-based programmes that support community well-being and local needs (i.e., Pride in Place), align with NNHIP and neighbourhood health.

3. Implications of the Recommendation

3.1 Health and Wellbeing Board and Partners Implications

This report provides an overview of Neighbourhood Health work in Slough and the proposed next steps.

3.2 Equality implications

The Slough Neighbourhood Health approach directly targets inequality by prioritising populations experiencing the poorest outcomes, as identified through local data,

intelligence and evidence. At the same time, the programme maintains a commitment to improving health and wellbeing for all residents across Slough.

Consideration of equality and diversity has been, and will continue to be, embedded throughout its development and delivery.

Financial implications

None

Legal implications

None

Risk management implications

None

Environmental implications

None

Procurement implications

None

Workforce implications

None

Property implications

None

4. Background Papers

Appendix paper 1: NNHIP East Berkshire and Slough Cohort Development

Appendix paper 2: Scoping review of health literacy