



Neighborhoods and places

14 April 2026

Essex Geography

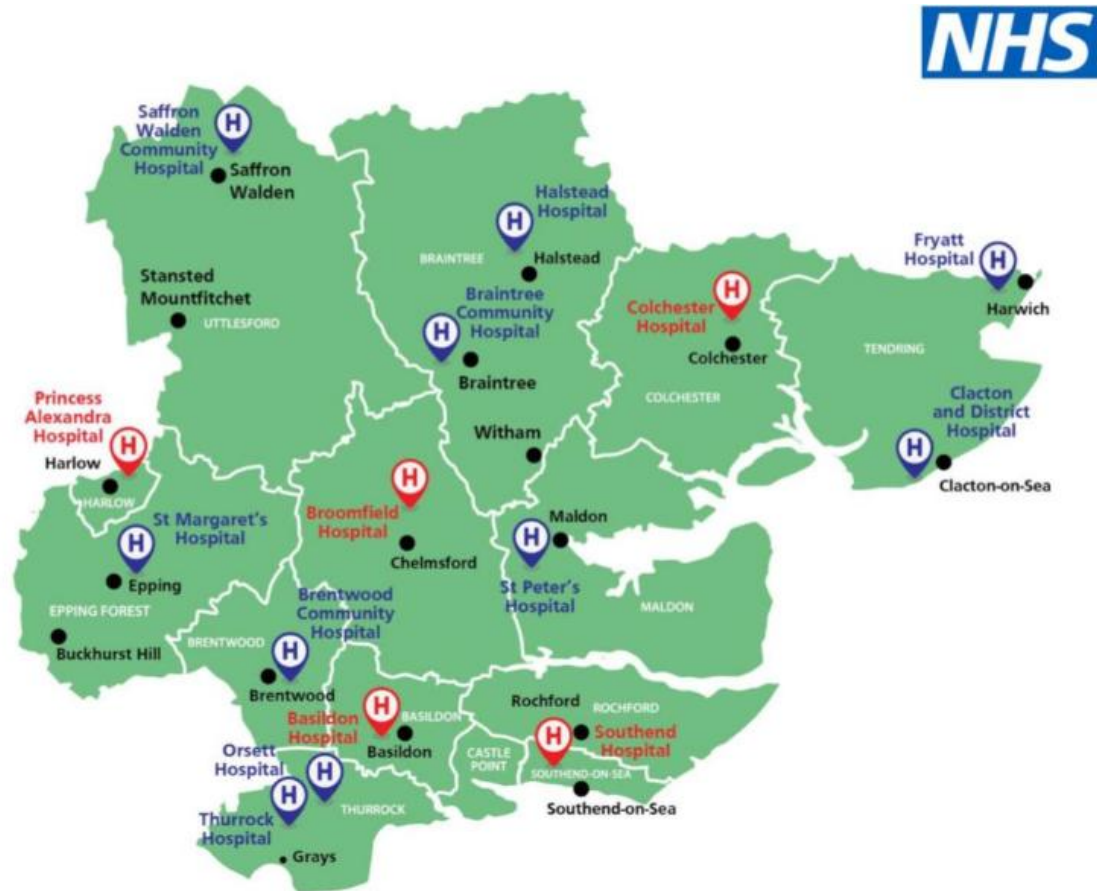
Essex ICB Footprint

- 3 Acute Hospital Trusts
- 10 Community Hospitals
- 6 Community Diagnostic Centres
- 5 Urgent Treatment Centres
- 1 Ambulance Trust
- 207 GP Practices
- 41 Primary Care Networks
- 308 Community Pharmacies
- 203 Dental practices (with an NHS contract)
- 180 Optical practices

Partners:

- 3 upper tier local authorities*
- 12 district councils*
- 3 Healthwatch organisations*
- 11 VCSE infrastructure organisations

* Current configuration subject to change



NHS Essex - Directorate Objectives



Our mission: Making health services better in Essex

Directorate: Neighbourhoods

Primary programme(s):

- Neighbourhood Health

Objective 1: Commission neighbourhood based models of care

Measured by:

- New neighbourhood health service contractual arrangements

Objective 2: Improve access to primary and community services

Measured by:

- Improved access to primary care.
- Improved experience of accessing GP services
- Reduced waits for community services
- Increased levels of activity delivered in neighbourhood settings

Objective 3: Strengthen population health management in neighbourhoods

Measured by:

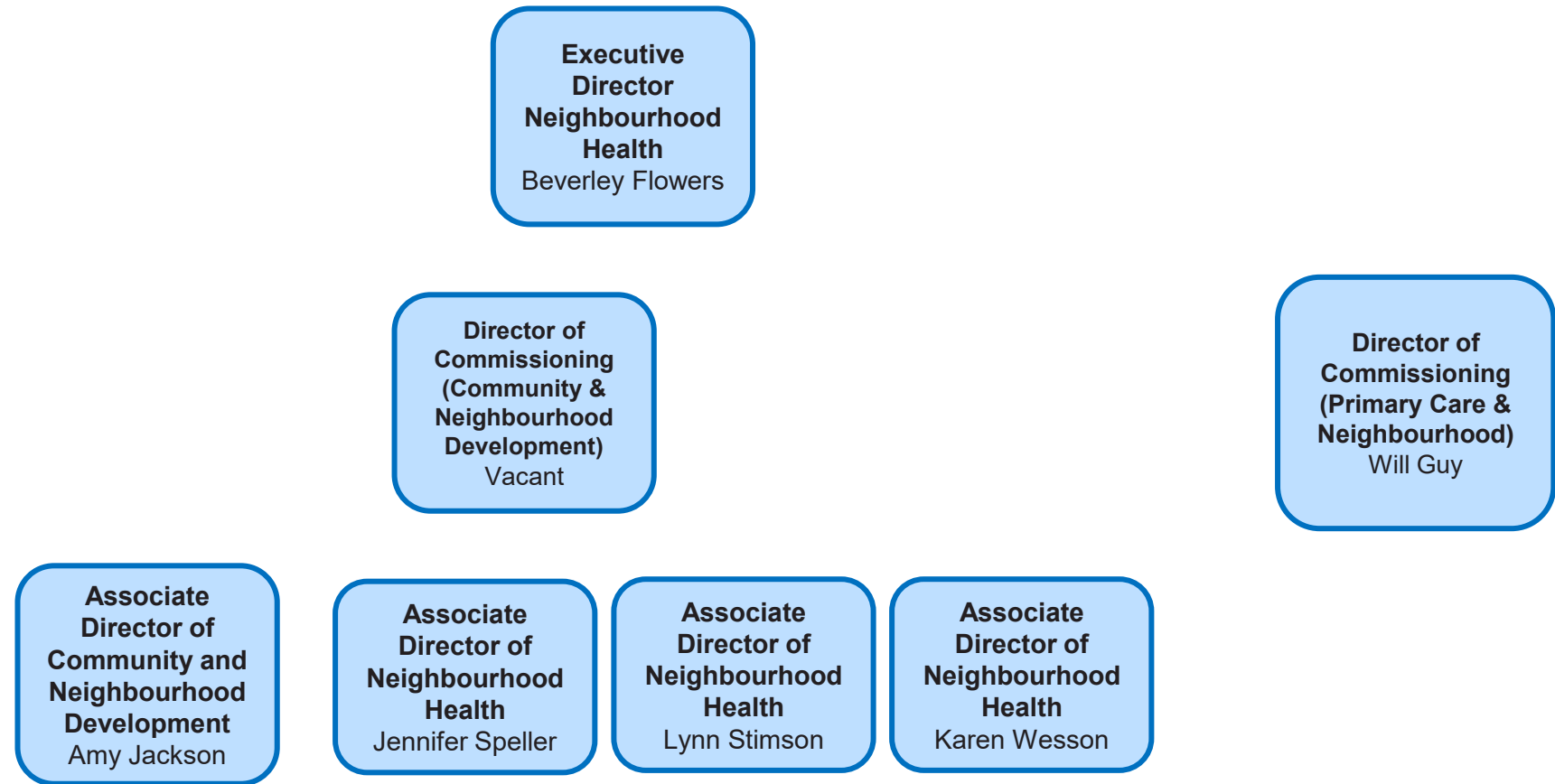
- Improved hypertension control rates
- Increased uptake of screening and vaccinations
- Increased delivery of diabetes care processes
- Improved uptake of health checks for priority groups

Objective 4: Improve care for frailty and end-of-life

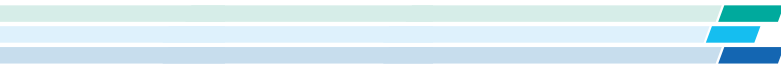
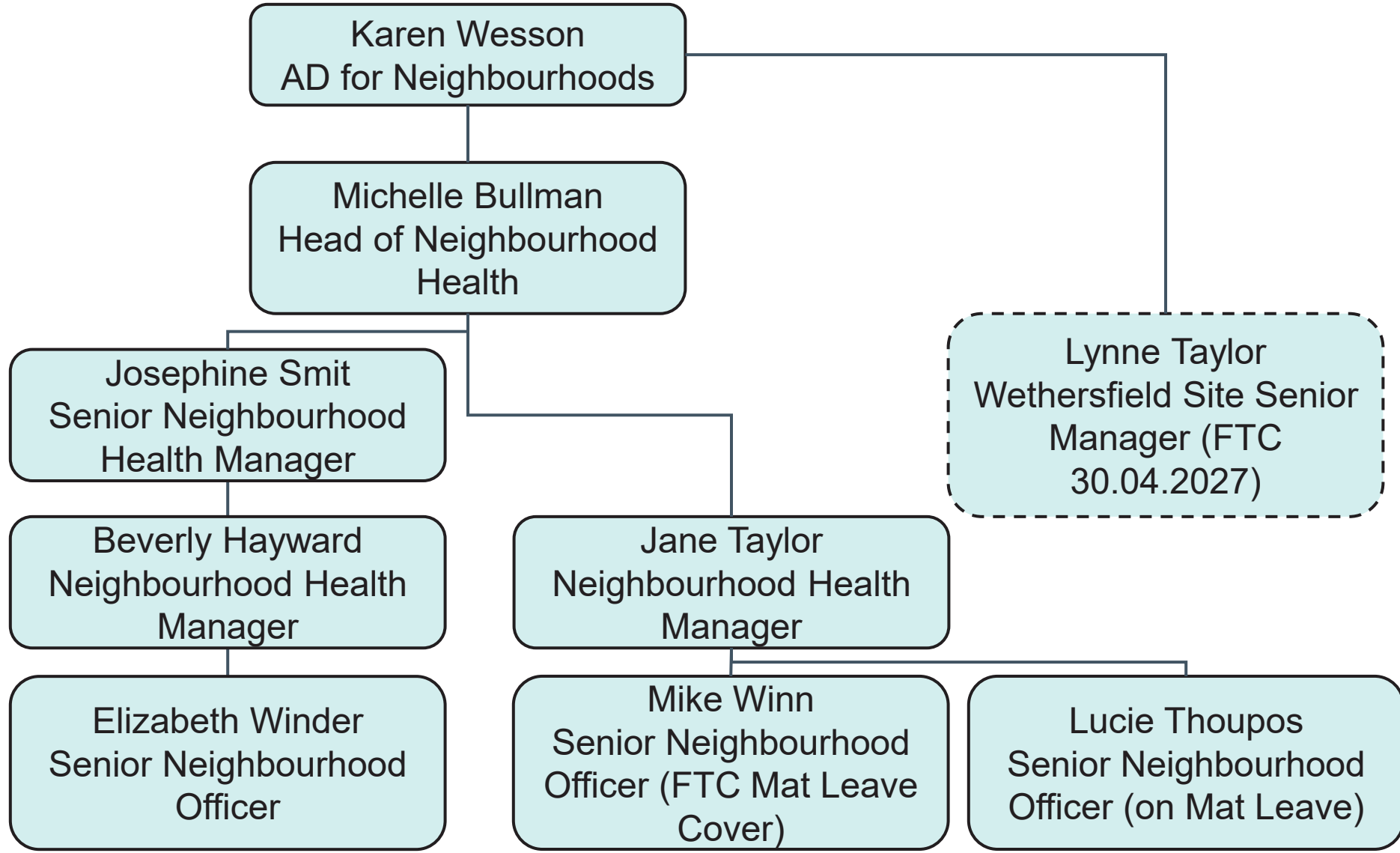
Measured by:

- Increased number of people on the frailty register.
- Reduction in avoidable emergency admissions for over 65s.
- Increased preferred place of death achieved.
- Increased number of people on the end-of-life register.

Neighbourhood Directorate



Team Structure - Neighbourhood Place Team – North East and West



NbH Framework

Government guidance for Neighbourhoods

Neighbourhood health will only work as a **joint endeavour** between the NHS and local authorities, alongside wider partners.

Three principles of public sector reform:

- Integrated services around people's lives
- Improve outcomes, by focusing on prevention rather than crisis management
- Devolve power to local areas, which understand local needs, with services with and for people.

Measuring success of neighbourhood health

National minimum goals and objectives, plus locally developed aims and outcomes defined through neighbourhood health plans under the leadership of Health and Wellbeing Boards.

National NHS goals, objectives and metrics

- 1 Improve health outcomes**
Targets include:
 - reducing non-elective admissions
 - improving outcomes for long-term conditions
 - improving quality and access to care for children
 - better end of life care
- 2 Improve access to general practice**
Objectives include:
 - 90% of clinically urgent patients seen the same day by March 2027
 - faster access to routine GP care
 - improved patient satisfaction
- 3 Improve experience of planned care**
This will include:
 - reducing variation in outpatient referrals
 - improving coordination of outpatient care & reducing secondary care follow-up appointments
- 4 Improve urgent and emergency care**
 - Improving co-ordination of care for high priority cohorts (frailty, care homes, end of life)
 - reducing emergency department attendances
 - improving ambulance response times
 - improving hospital discharge processes
- 5 Improve patient and staff satisfaction**
 - introducing patient-reported experience and outcome measures
 - ensuring 95% of people with complex needs have an agreed care plan
 - introducing neighbourhood staff experience measures
- 6 Local goals**
 - Health and Wellbeing boards recommended to consider the local outcomes framework for health and wellbeing, adult social care, Best Start in Life and neighbourhood health and integration
 - Enabling those who receive long term support to live in their home
 - Adults who needs are met by admission to residential and care homes
 - Consider how neighbourhood plans align with wider public service reform

Aims

- Improve people's health and care outcomes
- Organise services around the person
- Reduce pressure on acute services
- Cut waste and duplication
- Help the NHS deliver against core targets

Delivering Neighbourhood Health

To deliver neighbourhood health, the NHS and local authorities must transform how they work together alongside wider partners including **voluntary, community and social enterprise organisations (VCSEs)**. ICBs will ensure neighbourhood health becomes the default model of care

Reform agendas

- 1 Improve routine healthcare**

The NHS will support GP access recovery by:

 - improving GP access targets
 - improving online access
 - ensuring practices open during core hours, and reform out of hours
 - providing faster access to care

GPs will be empowered to deliver better care through:

 - proactive population health management
 - reduced bureaucracy
 - improved access to specialist advice
- 2 Improve proactive care**
 - Develop Integrated Neighbourhood teams to deliver better management of Long term conditions, frailty, children and young people and cancer
 - Grow community services
 - Reform outpatients, with closer working between GPs and specialists
- 3 Better alternatives to hospital care**
 - Expand urgent community response services
 - Increase the capacity of virtual wards
 - Increase intermediate care capacity
 - Piloting 24/7 neighbourhood mental health centres

Contracting models

ICB

IHO

MNPs

SNPs

Single Neighbourhood Providers (SNPs): Deliver neighbourhood services through integrated teams within a defined area; allow primary care to offer services beyond core GP contracts.

Multi-Neighbourhood Providers (MNPs): Coordinate services across multiple neighbourhoods, supporting consistency, service design and shared risk for the registered population list.

Integrated Health Organisations (IHOs): Hold a whole-population budget, allocate resources across pathways, redesign services and invest in prevention. Initially likely led by high-performing NHS trusts, in partnership with primary and community providers.

All primary care contracts remain nationally contracted. PCNs might evolve into SNPs. More guidance to follow.

Changes for 2026/27

- Neighbourhood footprints considered in terms of local authority boundaries
- Reduce non-elective admissions
- GP access
- Establish integrated neighbourhood teams
- Improve outpatient pathways
- Confirm use of Better Care Funding (BCF)
- Improve primary secondary care interface
- Confirm organisational ownership of deliverables
- Improve data-sharing arrangements
- Plan for April 2027 to April 2029

Other headlines

- **Neighbourhood Health Centres (NHCs):** 250 neighbourhood health centres by 2035, 120 by 2030
- **Workforce:** staff working differently rather than entirely new staff groups providing proactive, preventative personalised care, organisational boundaries
- **Finance:** ICBs prioritise funding for neighbourhood health services locally. National support will include: financial incentives encouraging the shifting care from hospital care to community, reforms to payment mechanisms, & support for outcome-based contracting

NAPC welcomes the continued focus on population health and prevention at a local level.

The national voice for primary and community care, NAPC is a not-for-profit membership organisation leading change, driving innovation and supporting partners across the health and care ecosystem.

[Read how NAPC helps partners implement neighbourhood health.](#)

Contact us:

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Thank you

Questions

