



SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	9th July 2026			
Title of report	Introduction to Neighbourhoods, focusing on neighbourhood health			
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	x	Approval of recommendations (With discussion by exception)	Information only (No recommendations)
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Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	x	Joined up working	x
	Mental Health	x	Improving Population Health	x
	Healthy Weight & Physical Activity	x	Working with and building strong and vibrant communities	x
	Workforce	x	Reduce inequalities (see below)	x
What inequalities does this report address?	This report addresses inequalities in rural access, experience and outcomes by improving neighbourhood-based support. It also seeks to reduce place-based variation and improve equity through more joined-up, community-focused delivery			

Report content

1. Executive Summary

The Neighbourhood Health Framework sets out how Integrated Care Boards (ICB), local authorities, Health and Wellbeing Boards (HWB) and system partners should design and deliver neighbourhood health services.

For Shropshire, this provides a **clear framework to accelerate existing place-based and neighbourhood working across Shropshire**, Telford and Wrekin (STW), building on established partnerships between the Council, NHS STW ICB, providers, Primary Care Networks (PCNs), and the voluntary, community and social enterprise (VCSE) sector.

The HWB has a central leadership role in shaping a Shropshire Neighbourhood Health Plan, setting local priorities and outcomes, and ensuring alignment with wider national and system transformation, including Family First Partnership (FFP) Best Start in Life (BSIL) and Adult Social Care Transformation, aligning partner shared and organisational ambitions.

In April 2026, the ICB Cluster Board received and approved a report setting out a single neighbourhood delivery model aligned to national policy, the ICB 5-year Strategic Commissioning Strategy and the ICB Operating Model. The associated recommendations for next steps to delivery were approved.

This report summarises that Board report and outlines HWB's responsibilities in relation to neighbourhood health to be seen within the context of work to date in Shropshire and next steps for Shropshire Place.

2. Recommendations

The Health and Wellbeing Board is asked to:

1. Note its statutory leadership role in developing the Shropshire Neighbourhood Health Plan
2. Agree to progress agreement/development of neighbourhood footprints
3. Agree to progress and confirm system leadership arrangements
4. Support alignment of existing programmes and policy to the Neighbourhood Health Framework
5. Endorse proposed next steps to mobilise neighbourhood health delivery across Shropshire

3. Report

ICB Cluster Board Summary

(Board Paper attached as background paper)

Background

The NHS 10 Year Plan sets a clear direction towards prevention, community-based care and hospital use only where clinically necessary designed around people and communities and not organisational preferences.

The National Neighbourhood Health Framework, published in March 2026, reinforces this by positioning neighbourhood health as the default organising principle for NHS care.

Neighbourhood health is a whole-system transformation requiring changes to commissioning, governance and delivery to support integrated, population-focused care.

Ambition

- **Strategic Commissioners** are moving to population-based, outcomes-focused commissioning.
- **Place and Neighbourhoods** need the authority, governance, leadership and support to design and deliver local models of care that improve health and wellbeing.
- **Partners/Providers** will need to work differently, align resources and take shared responsibility for delivery.
- **Single Neighbourhood Plan and Roadmap** Existing programmes should be brought into a single delivery architecture to improve alignment, reduce duplication and accelerate impact.
- **Neighbourhood Footprints** Health and Wellbeing Boards are expected to set neighbourhood footprints around natural communities to support integrated, population-focused care.

- **Neighbourhoods** should be the primary delivery footprint, with providers working differently together to improve access, strengthen prevention, support people with complex needs and reduce avoidable hospital use.

Proposed Operating Model, Governance and System Leadership (Definition of Roles)

- **ICB (Strategic Commissioner and System Steward)** - sets system priorities and outcomes, designs commissioning and financial arrangements, removes barriers to integration and enables neighbourhood delivery.
- **Health & Wellbeing Boards** - provide democratic accountability, set population outcomes and neighbourhood footprints, and support development of Neighbourhood Health Plans.
- **Place-based Partnerships (ShIPP)** - translate system strategy into local delivery, provide oversight and assurance, and manage delegated resources.
- **Providers (NHS and partners)** - work collaboratively across organisational boundaries to deliver integrated, population-focused care.
- **Neighbourhoods** - act as the primary delivery unit for integrated care and population health improvement.
- **Delegation of authority and resources** is proposed in three phases between 2026 and 2029, subject to further development and local authority agreement.

A phased approach will manage risk and build capability:

Phase 1 (2026/27): Mobilise - foundation setting and limited delegation.

Phase 2 (2027/28): Develop - shadow delegation of ICB and local authority budgets.

Phase 3 (2028/29): Embed - full delegation aligned to outcomes.

Progression through the phases will be subject to agreed readiness criteria and national maturity guidance.

Learning from progress to-date

Local progress has been made, but national learning highlights a few risks and gaps:

- No single shared system vision or roadmap is yet in place.
- Leadership and accountability for delivery are not yet clear.
- There is a risk of duplication and inconsistency without an agreed strategy.
- There is a risk of fragmented use of 2026/27 neighbourhood funding.

Priorities for 2026/27

The next 12 months should focus on establishing the core foundations for neighbourhood delivery.

- Agree and embed a system-wide neighbourhood vision and roadmap
- Align existing neighbourhood and community development programmes into a single portfolio and integrated road map of work, driven by a shared view of population need
- Establish and strengthen Place and Neighbourhood governance arrangements
- Confirm neighbourhood footprints aligned to natural communities
- Develop approach to delegation

- Launch a process for allocation of the 26/27 neighbourhood left shift funding and the development of Neighbourhood Health and Wellbeing Improvement Plans
- Strengthen provider collaboration and population health delivery models
- Ensure learning from existing test and pilot projects is evaluated and rolled out at scale where there are beneficial impacts and outcomes.

Infrastructure, enablers and investment requirements - Delivery will also require supporting plans across core enabling areas.

- Organisation Development (OD) – plans at System, Place and neighbourhood level
- ICB Neighbourhood Development Investment Plan (allocation of £2.9m neighbourhood revenue funding 2026/27)
- Neighbourhood level Health and Wellbeing Improvement Plans
- Neighbourhood level capital/estate funding proposals, including Neighbourhood Health Centres
- Neighbourhood digital plan
- Neighbourhood workforce strategy and delivery plan
- Community Engagement: Building on what is already in place, community engagement needs to become continuous not episodic.
- VCSFE: needs to be enabled to be an equal sustainable system partner with the necessary associated infrastructure, not just a delivery arm.

Priority Populations for 2026/27 - Alongside building foundations, delivery should demonstrate early impact for priority groups.

- Frail older people
- Long term condition management (focus on Cardiovascular, renal and metabolic conditions including diabetes)
- Children and young people
- Mental Health

Mobilising Delivery - There is a need to move quickly from planning to delivery, with visible progress over the next three months ahead of winter pressures.

Next Steps

- Executive vision-mapping (June)
- System leadership engagement (May–June)
- Agreed governance and neighbourhood footprints (June)
- Developing and aligning the roadmap (July)
- Allocating ICB neighbourhood 'left shift' funding through prioritisation (May)
- NHS England proposal submission (15 May)

Health and Wellbeing Boards Role in Neighbourhood Health

The Neighbourhood Health Framework gives Health and Wellbeing Boards a clear system leadership role. HWBs are responsible for bringing partners together around a shared neighbourhood vision, aligning priorities to the JSNA, agreeing outcomes, shaping neighbourhood geographies, overseeing governance and integration, and supporting the development of locally owned neighbourhood health plans. Their function is to ensure neighbourhood health is locally owned, focused on prevention and inequalities, and connected to wider reforms across health, adult social care, Best Start in Life and community services.

The Neighbourhood Health Framework sets out a two-stage approach to reform and the minimum requirements for each stage.

Stage 1 – 2026/27

In 2026 to 2027, ICBs and HWBs should embed new ways of working with local government and wider partners to develop a joint approach to neighbourhood services.

Stage 2 – Longer Term Reform

From 2027 to 2028, ICBs should work with HWBs and partners to develop a locally owned neighbourhood health plan.

Core HWB Responsibilities

- Set the strategic direction for neighbourhood health through a shared vision with the ICB, local authority, providers, VCSE and communities.
- Lead and oversee the development of a locally owned neighbourhood health plan, with clear governance, partner contributions and community input
- Agree local priorities and measurable outcomes, aligning to the JSNA, Local Outcomes Framework & Joint Health and Wellbeing Strategy.
- Ensure neighbourhood health supports prevention, reduces inequalities and improves outcomes across health, adult social care and children’s services.
- Agree neighbourhood geographies that reflect local communities and existing arrangements where these work well.
- Ensure there is alignment between associated local authority reform programmes and the Neighbourhood Health Plan.

What actions need to be taken

- Agree joint leadership and governance with the ICB, local authority services, providers, VCSE partners and communities.
- Confirm the local priorities, outcomes and cohorts that neighbourhood health should address reflecting those priority populations as outlined by the ICB.
- Review how existing place, neighbourhood, community and governance arrangements can support delivery.
- Put in place a clear process and timetable for developing the neighbourhood health plan, including engagement, drafting, approval and review.
- Oversee early changes to services that improve routine care, proactive care for people with complex needs, and alternatives to hospital care.
- Map associated LA reform programmes to the Neighbourhood Health Plan

In summary, neighbourhood health provides a clear opportunity for Shropshire partners to align governance, priorities and delivery around prevention, integration and improved outcomes. The immediate focus is to agree leadership, neighbourhood footprints and a shared roadmap so that the Health and Wellbeing Board can lead development of a locally owned neighbourhood health plan and support early delivery for priority populations.

Risk assessment and opportunities appraisal

A phased approach to neighbourhood health delivery reduces implementation risk by allowing governance, leadership, funding and delivery arrangements to be developed progressively, supported by agreed readiness criteria.

The main risks are unclear accountability, fragmented delivery, duplication, inconsistent use of resources and failure to align

	<p>existing programmes, which could limit impact on prevention, access and outcomes.</p> <p>In a large rural county such as Shropshire, a lack of shared system definition and agreed geography for neighbourhoods could result in footprints that do not reflect natural communities, travel patterns or existing local relationships. This could lead to inconsistent delivery, weaker local ownership, duplication, and reduced ability to address rural inequalities in access, experience and outcomes</p> <p>The proposed model creates opportunities to improve joined-up working, strengthen early intervention, support priority populations and reduce place-based inequalities through more coordinated neighbourhood delivery.</p> <p>The report supports human rights principles by seeking fairer access to local services, greater person-centred support and improved outcomes for communities with higher levels of need, including rural communities, children and young people, people with mental health needs, frail older people and those living with long-term conditions.</p> <p>Community consequences are expected to be positive through stronger local partnership working, more continuous community engagement and a more equal role for the VCSE sector in shaping and delivering support.</p> <p>Environmental consequences are likely to be neutral to positive where more care is provided closer to home, potentially reducing unnecessary travel and hospital attendance, although no detailed environmental impact assessment has yet been completed.</p> <p>Consultation and engagement have taken place through system partnership discussions and wider stakeholder engagement, with further work required through development of the Shropshire Neighbourhood Health Plan and local neighbourhood arrangements.</p>	
Financial implications		
Climate Change Appraisal as applicable		
Where else has the paper been presented?	System Partnership Boards	X
	Voluntary Sector	
	Other	
<p>List of Background Papers</p> <ul style="list-style-type: none"> • ICB Cluster Board Report – the report can be found on page 98 NHS-STW-SSOT-Board-in-Common-Agenda-Papers-April-2026.pdf • Neighbourhood Health Framework - Neighbourhood health framework - GOV.UK • What is Neighbourhood Health - What Is Neighbourhood Health? The King's Fund • JSNA - Place-based Joint Strategic Needs Assessment Shropshire Council 		

- JHWBS - [Joint Health and Wellbeing Strategy | Shropshire Council](#)

Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead

- Cllr Ruth Houghton, Portfolio Holder for Health & Adult Social Care, Shropshire Council
- Rachel Robinson, Director of Public Health & Interim Deputy Chief Executive, Shropshire Council
- Phil Smith, Chief Officer - System Development and Integration, NHS STW

Appendices

Appendix A. Existing HWBB Governance Structure (below)

Appendix B. Existing HWBB Governance Structure

