SHROPSHIRE HEALTH AND WELLBEING BOARD
Report

Meeting Date	**19th November 2026**					
Title of report	National Neighbourhood Health Implementation Programme (NNHIP): Shropshire Summary of Achievement and next phase					
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)	
Reporting Officer & email	Naomi Roche – Head of Place, Shropshire naomi.roche1@nhs.net Susan Blakey - National NNHIP Coach susan.blakey@nhs.net					
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People		Joined up working	x		
	Mental Health		Improving Population Health	x		
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	x		
	Workforce	x	Reduce inequalities (see below)	x		
What inequalities does this report address?	The neighbourhood approach aims to address inequalities associated with rurality, travel and access to services, deprivation in rural and urban communities, age and frailty, multimorbidity, and unequal access to prevention and coordinated care.					

1. Executive Summary

Shropshire has taken part in Wave One of the National Neighbourhood Health Implementation Programme (NNHIP). The programme has provided structured support, challenge, coaching and shared learning to help partners test and develop the foundations for neighbourhood health. It was not intended to create a single new service. Its value has been in helping Shropshire strengthen relationships, connect existing work and build the conditions for more proactive, coordinated and person-centred care.

NNHIP has supported Integrated Neighbourhood Team development across neighbourhoods, with an emerging focus on frailty and ageing well, cardiovascular, renal and metabolic conditions, prevention and inequalities.

The next stage of development is being shaped through the Neighbourhood Outcomes Framework. Each of Shropshire's five current working neighbourhoods has been asked to develop two locally tailored proposals: one for frailty and one for cardiovascular, renal and metabolic conditions (CVRM). While each will reflect local population need and existing services, the intention is not to create disconnected approaches. The proposals need to be connected through a shared vision, agreed principles, common outcomes and the core capabilities expected of an Integrated Neighbourhood Team (INT).

The Neighbourhood Outcomes Framework provides a mechanism for linking investment to the development of core INT infrastructure, multidisciplinary team maturity, population health management and improved outcomes for the agreed priority cohorts. The accompanying funding is therefore intended to accelerate neighbourhood development, rather than fund a collection of separate projects.

Progress is encouraging across Shropshire, within the wider Shropshire, Telford and Wrekin (STW) Healthy Neighbourhoods approach.

- Three of the five current working neighbourhoods are operating active frailty-focused multidisciplinary team test phases. Local learning includes Shrewsbury Ageing Well, South East Shropshire care-home, dementia and diabetes work, and wider rural neighbourhood development.
- Partners have also developed a shared STW Healthy Neighbourhoods vision, principles and delivery approach, developed initial governance principles and emerging Place-based arrangements and begun to align the Outcomes Funding Framework, prevention investment and shared enablers.
- Early evidence from Shrewsbury Ageing Well shows 109 people seen at the point of reporting, 32 inappropriate medicines stopped, 84% describing the assessment as helpful or very helpful, and 66% feeling more confident about managing their health as they get older. These are local service findings. They are encouraging but should not be attributed to NNHIP alone and do not yet demonstrate population-level impact.
- The next phase is therefore not about creating more separate initiatives. It is about connecting and strengthening what already exists, agreeing what should be consistent across Shropshire and the wider STW system and where neighbourhoods need local flexibility, and moving from promising activity to measurable and sustainable delivery.

Three messages for the Board

- There is something real to build on. Shropshire is not starting from scratch - neighbourhood relationships, multidisciplinary tests and practical local learning are already in place.
- The next phase is about joining things up, not adding another layer. Shropshire now needs to bring the work across its neighbourhoods into a locally owned Shropshire Neighbourhood Health Plan, with a shared direction, common outcomes and clearer governance and decision-making. This should align with the wider STW Healthy Neighbourhoods approach while retaining appropriate flexibility for Shropshire and its individual neighbourhoods.
- The next test is demonstrable impact. Partners need agreed cohorts, baselines, outcome measures and routine learning so that the system can show who is benefiting, what is changing and whether inequalities are reducing.

The NNHIP learning and current frailty and CVRM work should therefore be treated as important building blocks for the locally owned Shropshire Neighbourhood Health Plan and roadmap previously requested by the Board, rather than as a separate programme of work

2. Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress and learning from Shropshire's participation in Wave One of NNHIP, including the development of neighbourhood foundations and active local tests.
- Endorse the direction of travel towards a locally owned Shropshire Neighbourhood Health Plan and roadmap, bringing together the work across the current neighbourhoods within one shared approach, with common expectations and outcomes alongside appropriate local flexibility. The Shropshire plan should align with, and contribute to, the wider STW Healthy Neighbourhoods approach.
- Support the development of the Frailty and CVRM proposals as part of a connected neighbourhood approach, aligned with the shared vision and principles, Neighbourhood Outcomes Framework, and NNHIP maturity framework.
- Support confirmation of neighbourhood footprints, governance, decision-making and accountability through the relevant Place arrangements, including the Health and Wellbeing Board (HWBB) and Shropshire Integrated Place Partnership (ShIPP), using existing structures wherever possible and ensuring meaningful community, voluntary, community and social enterprise (VCSE) sector and unpaid carer influence.
- Request that a further decision report returns through existing assurance arrangements, setting out the developing Shropshire Neighbourhood Health Plan and roadmap, confirmed

neighbourhood footprints, governance and decision-making arrangements, the frailty and CVRM proposals, common outcomes and baselines, funding alignment, shared enablers and evidence of community influence.

3. Report

1. Purpose and strategic fit

The purpose of this paper is to provide a concise account of what NNHIP has enabled in Shropshire, what has been learnt, the main risks to continued progress and the priorities for the next phase. The immediate focus of this paper is the developing Integrated Neighbourhood Teams (INT) activity within the wider STW Healthy Neighbourhoods vision and system approach

The work directly supports the Health and Wellbeing Board's aims to improve population health and wellbeing, reduce avoidable health inequalities, place prevention at the heart of health and care, strengthen joined up working and work with communities. It also aligns with the Joint Health and Wellbeing Strategy priorities of joined-up working, improving population health, strong and vibrant communities, workforce and reducing inequalities.

Healthy Neighbourhoods provides the wider approach within which Integrated Neighbourhood Teams are developing. It connects neighbourhood health delivery with Community and Family Hubs, prevention and outreach, children's and adult social care transformation, VCSE partners and local community assets. Frailty and cardiovascular, renal and metabolic conditions (CVRM) are initial delivery priorities within this broader ambition, rather than its full scope.

The executive visioning exercise helped partners develop a shared understanding of the purpose, principles and ways of working needed for neighbourhood health. This builds on the themes identified in the May and July 2026 HWBB papers: a shared vision and roadmap, clearer leadership and accountability, agreed neighbourhood footprints and stronger alignment of existing programmes. Strategic development and practical delivery now need to progress in parallel.

2. Progress made during the NNHIP period

- A structured space for partners to test, learn and develop the foundations for neighbourhood health.
- Integrated Neighbourhood Team development across Shropshire neighbourhoods, recognising different starting points and local circumstances, with active frailty-focused multidisciplinary testing currently taking place in three neighbourhoods.
- Stronger cross-partner relationships spanning primary care, community services, social care, mental health, acute care, public health and voluntary, community and social enterprise partners.
- Growing use of quality improvement methods, including driver diagrams, pathway mapping and Plan-Do-Study-Act cycles, to refine local approaches.
- A clearer shared direction through Healthy Neighbourhoods work, emerging governance arrangements, the Outcomes and Funding Framework and alignment with prevention and investment discussions.
- Work with each neighbourhood to develop locally appropriate frailty and CVRM activity, creating ten locally tailored proposals within a shared neighbourhood approach and common expectations.
- Development of a system-wide communications and engagement approach to create a clearer shared narrative, support meaningful involvement and explain what neighbourhood working means for residents, carers, staff and partners.

Local learning demonstrates how the shared approach can respond to different neighbourhood needs. Examples include North Shropshire's developing governance arrangements; South West and Rural work on community hubs, multidisciplinary coordination and integrated pathways; Shrewsbury's links with the Community Independence Pathway; and the extension of the South East dementia multidisciplinary approach into Shrewsbury. These provide opportunities to share learning and adapt effective practice without requiring every neighbourhood to adopt an identical model.

4. What the evidence currently tells us

The evidence is strongest on readiness, relationships, process, experience and local service learning. Shrewsbury Ageing Well provides encouraging service-level findings and demonstrates how clinical assessment, medication review, therapy, prevention and community support can be brought together around a person. South East Shropshire work provides further practical learning about proactive care, dementia coordination, care-home support and diabetes outreach.

There are important limitations. Common definitions, starting values, GP data extraction and information-sharing arrangements still need to be agreed. Evidence should therefore be presented with clear cohorts, time periods, comparators and attribution limits. The current position is promising, but it does not yet provide consistent evidence of population-level impact across all five current working neighbourhoods.

The NNHIP maturity framework provides a useful baseline for the next phase. It should not be treated as a performance score or league table. Used as a structured conversation, it can help each neighbourhood and the wider system understand its current position across population health, model of care, community-led solutions, person-centred coordination and system integration, alongside enabling areas such as leadership, digital, estates, strategic commissioning, workforce and evaluation.

The value of the NNHIP maturity framework will be in identifying what is already sufficiently mature to build on, where neighbourhoods require tailored development support, and which barriers need action at Place or system level rather than being left to individual neighbourhoods to resolve. It can then be revisited periodically to demonstrate progress and inform future support and investment.

The completion status, date and findings of Shropshire's endpoint NNHIP maturity assessment remain to be confirmed for this paper. Once available, the findings should inform neighbourhood development support and identify barriers requiring action at Place or system level.

5. Priorities for the next phase

- **One shared Shropshire approach** – embed the shared vision and principles and use them to guide decisions, behaviours and ways of working while allowing for local flexibility.
- **Turn priorities into delivery** – develop the frailty and CVRM proposals around existing services, teams and community assets. Assess proposals against shared criteria covering strategic alignment, deliverability, prevention impact, inequalities, VCSE contribution and accountability, with a clear connection to agreed neighbourhood outcomes.
- **Strengthen neighbourhood working** – build multidisciplinary working, shared caseloads, care coordination and community involvement.
- **Make community involvement meaningful** – ensure residents, VCSE partners and unpaid carers can influence neighbourhood priorities, design and decisions, rather than being engaged only after proposals have been developed. The carers' needs assessment should inform how unpaid carers' needs and contributions are reflected.
- **Be clear about footprints, governance and accountability** – use the Shropshire neighbourhoods as the basis for development, while confirming proposed footprints and governance through the relevant Place arrangements, including HWBB and ShIPP. Arrangements should reflect natural communities and population need, with clear leadership, decision-making, escalation and assurance routes.
- **Clarify governance, decision-making and accountability** – confirm what decisions should be made within neighbourhoods, what requires agreement at Shropshire Place and what needs STW system action. This should include clear leadership and accountability for delivery, delegated authority where appropriate, agreed escalation and assurance routes, and distinct but connected roles for HWBB, ShIPP, provider and system arrangements. Existing structures should be used wherever possible, avoiding new or duplicated groups.
- **Measure progress and impact** – agree common outcomes, baselines and measures, using the Outcomes and Funding Framework and NNHIP maturity framework to identify progress and where further support is needed.

- **Align the support around neighbourhoods** – bring together funding, data, digital, workforce, estates, evaluation and communications to enable delivery. Strengthen the connection with the ShIPP Prevention Funding Framework so that community capacity, early intervention, VCSE infrastructure and outreach support neighbourhood priorities and agreed outcomes.

Risk assessment and opportunities appraisal (*NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation*)	**Risk 1 - Fragmentation.** Integrated Neighbourhood Teams could develop without sufficient connection across the neighbourhoods, leading to duplication, variable offers and unclear accountability. The response is not uniformity. It is to agree a small number of common expectations, outcomes and governance arrangements while retaining local flexibility. **Risk 2 - Activity without evidence.** The system may be able to describe substantial activity without being able to demonstrate consistent impact, value or reduction in inequalities. Agreed cohorts, coding, baselines, measures, information-sharing and routine review are needed before scaling. **Risk 3 - Neighbourhood health becomes an additional layer.** If governance, workforce, investment and accountability are not aligned, neighbourhood health may become another programme or meeting structure rather than a different way of organising existing resources around populations. This could add pressure to teams and reduce long-term sustainability.
Financial implications (*Any financial implications of note)*	No new financial decision is requested through this paper. Progressing the next phase will, however, require alignment of existing and future prevention and neighbourhood investment, clarity about the contribution of partner organisations, and attention to workforce and delivery sustainability. The ShIPP Prevention Funding Framework offers an opportunity to align prevention investment with neighbourhood population need and agreed outcomes. Its contribution should be considered alongside the Neighbourhood Outcomes Framework, with clarity about the purpose, conditions and accountability for each funding source. Alignment should support a connected approach to delivery without assuming that funding streams are interchangeable or that additional resources have been agreed.
Climate Change Appraisal as applicable	No formal climate impact assessment has been completed. As neighbourhood models develop, their potential effect on travel, local service access and the appropriate use of digital approaches should be considered.
Where else has the paper been presented?	System Partnership Boards: N/A Voluntary Sector: N/A Other: NNHIP core programme arrangements and local neighbourhood development sessions

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

- Shropshire NNHIP Wave One Summary of Achievement Report, October 2026.
- Shropshire Health and Wellbeing Strategy 2022-2027
- Shropshire, Telford and Wrekin Healthy Neighbourhoods vision, outcomes and related governance work.
- Local evidence from Shrewsbury Ageing Well, South East Shropshire and rural neighbourhood development.

- Health and Wellbeing Board neighbourhood health paper, May 2026.
- Health and Wellbeing Board neighbourhood health paper, July 2026.
- ShIPP Draft report: National Neighbourhood Health Implementation Programme (NNHIP) – Shropshire Progress Update, October 2026.
  (reports above can be supplied upon request)

Appendices

Appendix A: Shropshire NNHIP Wave One Summary of Achievement Report, October 2026 - presentation