Sussex Primary Care Provider Collaborative

Summary of the Neighbourhood Health Framework

Purpose: Neighbourhood Health aims to transform how health and care are delivered by organising services around people and local communities rather than institutions. It strengthens prevention, improves access, integrates NHS and local authority services, and shifts care closer to home.

Core Vision - Neighbourhood health places the person at the centre of care by:

- Delivering joined-up services for a defined local population.
- Strengthening primary, community, social care, and voluntary sector partnerships.
- Left shift from hospitals to community settings
- Focusing on prevention, early intervention and proactive care management.

National Goals – by March 29 or before

Goal 1 – Improve outcomes

- 10% reduction in admissions/bed days for frailty & end-of-life cohorts by 2029.
- 10% improvement in outcomes for major LTCs
- 10% reduction in children's acute OP appts

Goal 2 – Improve GP access

- 90% of clinically urgent patients seen same day by March 2027.

Goal 3 – Improve planned care

- 25% diversion rate via SPOAs by 2027.
- 10% reduction in follow-ups.

Goal 4 – Improve urgent & emergency care

- Reduced ED attendances and ambulance conveyances in priority cohorts.
- Support 4-hour standard (82% by 2027; 85% longer-term).

Goal 5 – Improve patient & staff satisfaction

- 95% of people with complex needs to have a care plan by 2027.
- New experience measures for neighbourhood teams.

Commissioning and Provider Models

Contracts being consulted on this summer

New provider options:

- **Single Neighbourhood Providers (SNPs)** – deliver services for one neighbourhood (≈50k population).
- **Multi-Neighbourhood Providers (MNPs)** – coordinate services at scale (≈250k+).
- **Integrated Health Organisations (IHOs)** – hold a single population health budget.

General practice, pharmacy, dental and optical contracts remain nationally set

Neighbourhood health framework - GOV.UK

Delivery through Reform Agenda:

Improve routine care	Improve proactive care	Better alternatives to hospital care
GP access recovery. **More diagnostics** direct to primary care. Reduce **bureaucracy** between primary & secondary care. **Expanded role for pharmacies.**	**Integrated Neighbourhood Teams** (INTs) for: Frailty, end-of-life, long-term conditions, CYP, cancer. **Community waits** reduced to 18 weeks (80% by 2028/29). More **outpatient care** delivered locally.	Expanded **urgent community response.** Growth of **virtual wards.** Enhanced **intermediate care** (step-up & step-down). Pilots for neighbourhood mental health centres.

Finance: ICBs expected to shift funding from acute to community settings. Changes expected to be locally driven, **not** dependent on new national funding.

Neighbourhood Health Centres (NHCs)

250 centres by 2035 (120 by 2030).

Mixture of new builds and repurposed estate.

Bring together GP, comm. social care & VCSE

Implementation Timeline

Stage 1: 2026–27 (Immediate Min, Requirements)

- Reduce non-elective admissions.
- Improve GP access & address variation.
- Define neighbourhood footprints.
- Establish INTs for priority cohorts.
- Develop plans for elective pathways reform.
- Meet community waits standards.
- Confirm data-sharing, governance & BCF plans.

Stage 2: 2027–29 (Full NH Plans)

- Joint local plans agreed through HWBs.
- Clear responsibilities, geographies, governance & alignment with wider local reforms (Best Start, SEND, Pride in Place, etc.).