

## Briefing on the Neighbourhood Health Framework

Last week DHSC published the [Neighbourhood Health Framework](#), which sets out how the NHS, local authorities and wider partners should work together to deliver neighbourhood health services as set out in the 10 Year Health Plan. This builds on [guidance](#) issued last year for the 43 pilots that are part of it.

The framework sets out a series of minimum interventions for ICBs and outlines the groups that will be targeted first, how success will be measured, and reforms that will support these changes. It makes clear there is no new funding to deliver these changes directly; instead, delivery will rely on shifting funding from the acute sector and on existing staff working differently.

Local authorities are positioned as core partners, particularly for social care and public health, meaning hospices may need to engage with both NHS and local authority commissioners on neighbourhood models. The framework also recognises the voluntary, community, faith and social enterprise sector as part of the provider landscape, reinforcing that hospices should be part of neighbourhood delivery where they add value.

The framework does not explicitly name hospices as a provider. However, it references community providers, and its aims closely align with many hospice services.

## Minimum Interventions and goals

The framework sets out minimum national goals for the Neighbourhood Health Programme to achieve over the course of the 10 Year Health Plan, while recognising these are still being developed.

The first goal focuses on improving health outcomes for high-priority cohorts, including people with frailty; care home residents; housebound patients; **those receiving end of life care**; and those with cardiovascular disease (CVD), diabetes, chronic obstructive pulmonary disease (COPD), dementia, mental health conditions, as well as children and young people. Local areas may also identify additional cohorts.

For hospices, a key metric is the goal of better identifying people approaching the end of life and improving access to services so that people can die in a place of their choosing. **This will be measured by a 10% increase in the number of people identified as approaching end of life, and a 10% reduction (by 2029)**

## **in non-elective admissions and bed days of one day or more for people in the end of life cohort.**

Another goal is to improve the experience of planned care, including using single points of access and multidisciplinary teams to reduce variation in referrals to outpatient services, alongside better coordination of outpatient activity across specialties.

There will also be local measures of success, set through Health and Wellbeing Boards. The framework suggests these should consider how neighbourhood health can go further than the national measures, including addressing local priorities and health inequalities.

## **Reforms that will support Neighbourhood Health**

To deliver on the goals, the framework sets out a minimum set of interventions that ICBs and local authorities will be expected to deliver. These focus on improving routine healthcare, strengthening proactive care, and delivering better alternatives to hospital care. The framework expects local areas to go further depending on the needs of their communities.

Proactive care reforms are focused on the establishment of Integrated Neighbourhood Teams. These are not being defined nationally, so they can reflect local need, so will vary and need engagement with local commissioners to understand their makeup. They will have an initial focus on frailty, multiple long-term conditions, children and young people, and cancer in line with the National Cancer Plan. As part of this, NHS England will publish a best practice guide for frailty pathways and support standardising expectations for data sharing between neighbourhood health services and hospitals.

The other reforms currently do not cross into hospice work, but do reference strong GP access and the ability for GPs to spend more time clinically, along with a better use of community beds and home-based care.

If you would like more information about this update, please email [policy@hospiceuk.org](mailto:policy@hospiceuk.org).