NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Neighbourhood Health Implementation update

Telford & Wrekin Health & Wellbeing Board.
December 2026

DRAFT

Purpose and national context

What the framework is:

An ICB contract

Strategic and contractual accountability remains with the ICB. The contract variation is the formal mechanism for delivery.

A national 2026/27 task

The local programme supports NHS England neighbourhood health requirements for 2026/27.

Health-led in year one

Initial delivery is clinically focused on frailty and CVRM, with wider partners contributing to coordinated care.

Based on PCN footprints

Year one neighborhood delivery follows established PCN geographies, while remaining broader than primary care alone.

The MDT should connect primary care, secondary care, community, mental health, social care, acute and VCSE partners.

Neighbourhood Outcomes Framework

2026/27 priorities and the benefits partners expect

Year-one priorities

Focus on frailty and cardiovascular, renal and metabolic health. Provide proactive support for residents at greatest risk, starting with the highest-risk 5%.

Joined-up delivery

Integrated Neighbourhood Teams connect NHS, social care and community partners around shared care plans, with clear contributions and outcome tracking.

Benefits for residents

Earlier support and care closer to home, helping people stay independent and narrowing gaps in health outcomes.

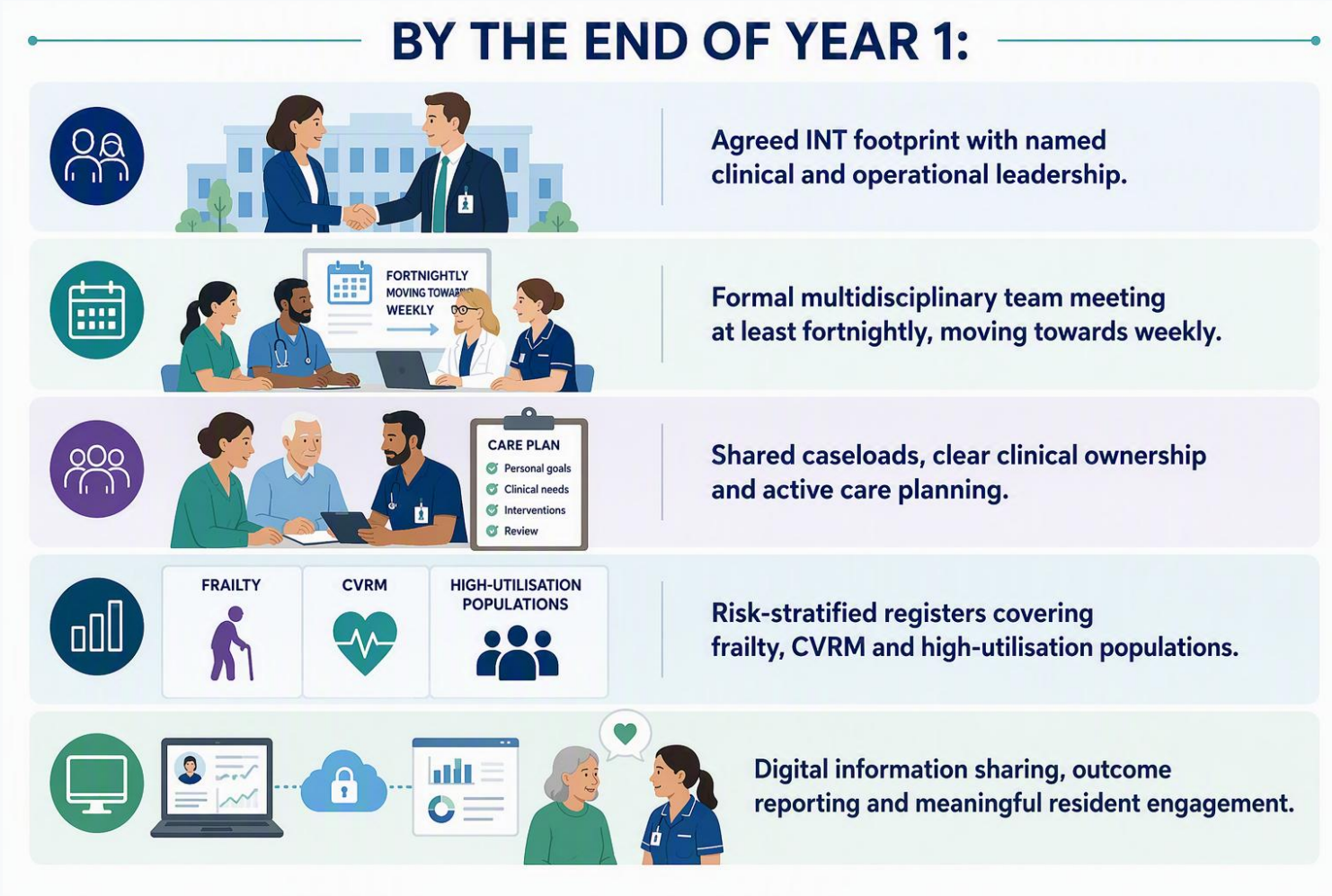
Benefits for the wider system

Fewer avoidable emergency visits and admissions. Better hospital flow and less duplication help services use available capacity more effectively.

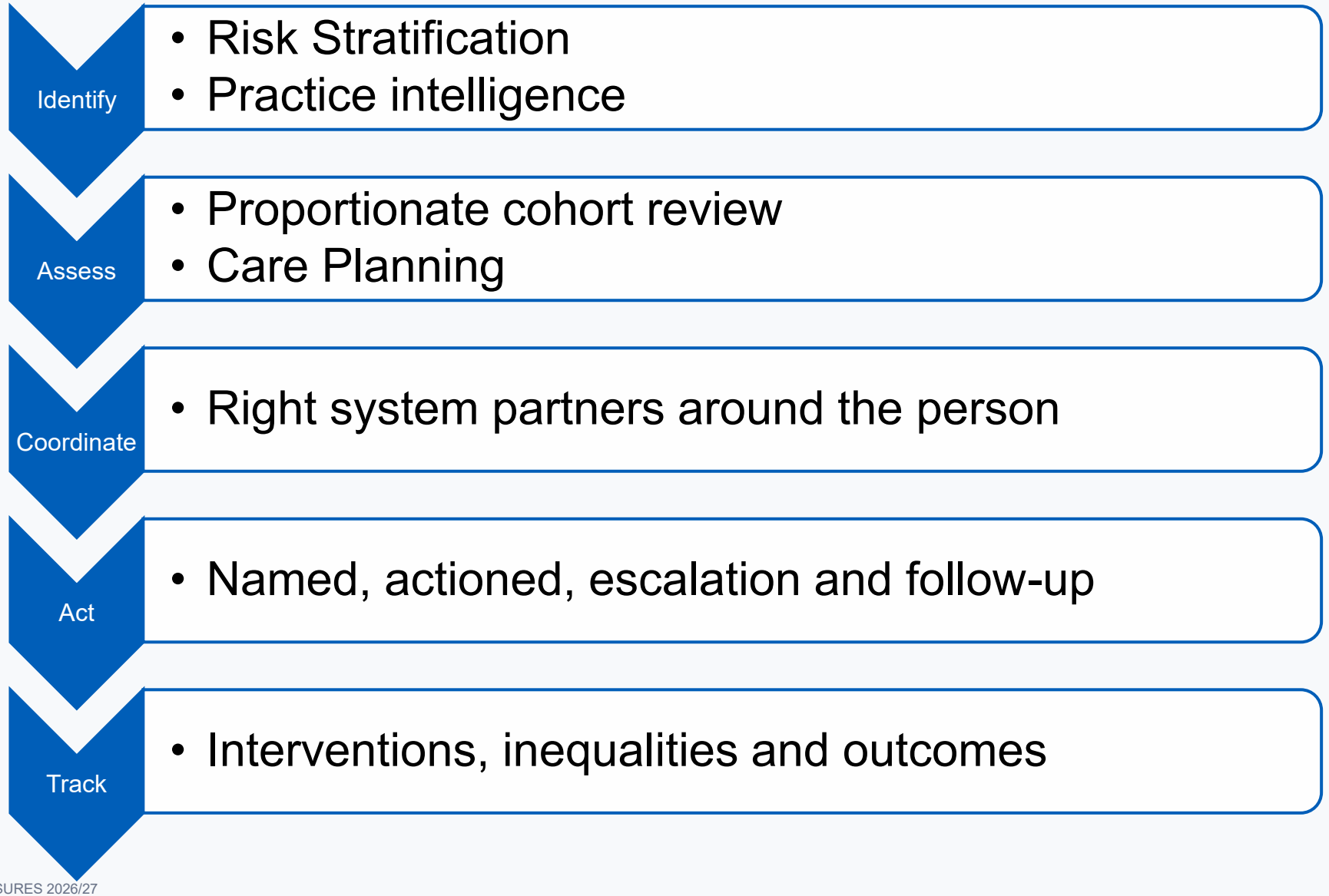
Expected benefits need evidence. Partners should track outcomes alongside demand and capacity pressures.

What every Neighbourhood will establish

"Neighbourhoods are being asked to demonstrate a measurable shift from reactive care to proactive population health management. Success will be defined by the establishment of mature Integrated Neighbourhood Teams, active management of the highest-risk residents, improved outcomes for frailty and CVRM populations, reduced health inequalities, and a reduction in avoidable hospital use through stronger community-based care."



What MDT capacity means in practice



Shropcomm role as integrator

Helping partners organise support around residents and shared local priorities

Convening the partnership

Bring council, NHS and community partners together around one neighbourhood plan, with named contributions.

Connecting care and support

Link health services with social care and community support so residents face fewer repeated referrals.

Supporting local delivery

Help teams agree priority needs and resources, then resolve barriers across organisations.

Sharing learning and assurance

Track agreed outcomes and capacity pressures. Share learning and escalate issues through place partners.

The aim is greater independence and earlier support, with less duplication across local services.

Telford & Wrekin Neighbourhood Footprints

TWIPP & HWB Footprints Workshop

- Both Committees were well represented at the first joint workshop held to discuss neighbourhood footprints on 5 November 2026.
- Neighbourhood Health Framework context was summarised, followed by mapping and data presentations covering:
  - exploration of T&W population geographies, community assets and deprivation patterns
  - overlapping GP / PCN boundaries which can complicate equitable neighbourhood healthcare
  - ICB coordinated, data-informed approach, focused initially on cardiovascular, renal and metabolic conditions and frailty

Agreeing footprints is complex

- Where people live and where they are registered with a GP does not fit a neat geographical pattern. People may use GP practices outside their community, neighbourhood or local authority area they live in
- PCNs, Electoral Wards and statistical areas (LSOAs & MSOAs) do not necessarily match communities or neighbourhoods that residents recognise themselves as belonging to
- PCNs overlap, so assigning statistical areas to one “dominant” PCN to build footprints can conceal near-even splits between PCNs and smaller patient groups
- Different boundaries or footprints serve different purposes: NHS delivery currently follows registered lists, while council and VCSE services centre around resident communities
- Compact urban neighbourhoods & dispersed rural areas have different health and access needs, community assets vary within areas, footprints can mask pockets of deprivation, access barriers and uneven availability of community services
- Changing boundaries risks disruption, given existing PCN relationships and the investment in neighbourhood teams

Key areas of common ground

- Recognition of national requirements for neighbourhood health and clinical focus, while shaping our local approach centred on prevention, inequalities and partnership working, the outcomes frameworks are only a part of healthy neighbourhoods
- Need to go beyond the current (highest 5% at risk) clinical cohort to include strengthened prevention and early support, based on community needs, rather than highest risk patients
- The need to start work promptly on children and young people and mental health priorities, involving local authorities and VCSE partners from the outset, alongside clinical and delivery partners
- Locally entrenched and well recognised health inequalities at a small area level should drive allocation of resources

Telford & Wrekin Year 1 delivery footprints

Four Year 1 neighbourhood plans are being progressed through established PCN geographies

Newport & Central

Proceeding to mobilisation. Strong partnership base and an established shared MDT approach.

South-East Telford

Strengthen and confirm. Refine partnership, cohort and funding detail.

Teldoc

Further development. Clarify cohort, timetable, partner commitments and itemised finance.

Wrekin

Supported redesign. Define the collective model, partner capacity and operational MDT.

Next Steps

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- Continued discussion and assessment of Neighbourhood footprints.
    - Balancing need to progress as per national direction vs need to commence delivery and development of Healthy Neighbourhoods work based upon “natural communities” and existing delivery architecture.
- Update of system and Telford & Wrekin Place progress against the National Neighbourhood Health minimum requirements, goals, components and delivery milestones.
    - Presentation of Telford & Wrekin progress to follow at future Health and Wellbeing Board and Place Partnership Board.
- Finalisation of contractual mechanisms to commence delivery in Neighbourhoods for Year 1.