

All Together Fairer Neighbourhoods

An evidence-based framework for Cheshire and Merseyside to support the creation of local neighbourhood health plans

March 2026

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Working as one to build a fairer, healthier Cheshire and Merseyside





Overview

Following the publication of the NHS 10 Year Plan and its emphasis on integrated neighbourhood models, Champs Directors have developed an evidence-based framework to support and influence the creation of local neighbourhood plans across Cheshire and Merseyside.

As systems are increasingly required to deliver more preventative, joined up care within constrained resources, neighbourhood based approaches offer a practical and effective route to improving outcomes while reducing health inequalities. Neighbourhoods provide a scale at which partners can work collectively with communities, align services around local need, and take early, preventative action.

This framework offers a shared foundation to help local areas translate national ambition into consistent, locally led neighbourhood health action.

The framework builds on All Together Fairer, Cheshire and Merseyside's agreed approach to tackling health inequalities across the life course, rooted in the principles set out by Professor Sir Michael Marmot.

Informed by the Marmot Reviews and wider national and international evidence, All Together Fairer provides a shared set of principles to guide system wide action focused on prevention, neighbourhood resilience and locally led responses to community need.

All Together Fairer has been formally endorsed by all Health and Wellbeing Boards across Cheshire and Merseyside, providing a consistent mandate for delivery at neighbourhood, place and system level.

This guidance is intended to support Health and Wellbeing Boards, local government, the NHS, the voluntary, community, faith and social enterprise (VCFSE) sector and wider partners to develop neighbourhood plans that are person centred, preventative and grounded in local data, community assets and lived experience.



Background

The 10 Year Health Plan set out the government's ambition to transform the National Health Service in England into a Neighbourhood Health Service as part of delivering the three shifts:

1. **Hospital to community:** more care available on people's doorsteps and from the comfort of their own home.
2. **Analogue to digital:** new technology to liberate staff from timewasting admin and to make booking appointments and managing people's care easier.
3. **Sickness to prevention:** reaching people earlier, to catch illness before it spreads and prevent it in the first place, by making the healthy choice the easy choice.

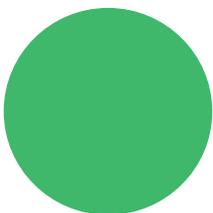
The plan aims to rebalance health and care around people's lives by delivering care closer to home and within communities, ensuring services are joined up across health and social care, more personalised and empowering for individuals. This approach will reduce unnecessary hospital admissions and embed care more effectively into everyday environments.

Delivery of the three shifts will benefit from stronger partnership with the VCFSE sector, recognising its critical role in preventing ill health, supporting hospital discharge, reducing social isolation, addressing the wider determinants of health, and enabling digital inclusion.

It represents a shift away from a one-size-fits-all model, giving people greater choice and control over the care they receive. It will transform access to general practice, prevent avoidable hospital admissions and reintegrate healthcare into the social fabric of communities. Taken together, this model will deliver care that is proactive, preventative, and personalised.

Delivery will happen locally through Neighbourhood Health Plans, providing integrated services across health and social care. Local government, the NHS, VCFSE and other partners at single or upper-tier authority level are expected to develop the first plan by April 2026 under the leadership of the Health and Wellbeing Board (HWB). These plans should incorporate public health, social care, and other relevant partners.

To help support this vision and ensure consistent implementation across Cheshire and Merseyside, the Champs Directors have developed a set of guiding principles to help shape neighbourhood health plans and integrated models, in consultation with NHS Cheshire and Merseyside and the VCFSE sector.





Aim

To provide local systems with a clear, evidence-based framework and guiding principles that support the development of integrated Neighbourhood Health Plans. This framework is designed to help Health and Wellbeing Boards, Primary Care Networks, public health teams, VCFSE sector and other partners to create comprehensive, person-centred models that deliver measurable improvements in population health and wellbeing.

Objectives

1. Ensure all stakeholders including Health and Wellbeing Boards, Primary Care Networks, public health teams and local neighbourhood teams understand their roles and responsibilities in developing and delivering integrated Neighbourhood Plans.
2. Support local areas to embed the guiding principles within their planning processes to foster collaboration, equity, and sustainability in population health initiatives.
3. Create mechanisms for joint working across sectors to align priorities, resources and actions that support comprehensive neighbourhood-level health and wellbeing strategies.
4. Provide a structured yet flexible framework that allows local areas to tailor Neighbourhood Plans to their unique population needs while maintaining alignment with overarching principles.
5. Facilitate integration between health, social care and community services to deliver person-centred, holistic approaches that improve outcomes and reduce health inequalities.
6. Strengthen local leadership and workforce capability to implement neighbourhood models effectively, ensuring continuous improvement and innovation.
7. Establish clear metrics and evaluation processes to measure progress, outcomes and the impact of Neighbourhood Plans on population health and wellbeing.
8. Ensure meaningful engagement with residents and community organisations through shared decision making, co-design and co-delivery, embedding lived experience into Neighbourhood Plans to build trust, improve relevance, and promote active participation. Where appropriate, governance structures should include formal VCFSE representation with shared accountability for delivery and outcomes.

Guiding Principles for Implementation

Local areas should adopt these principles as the foundation for planning and operationalising local neighbourhood plans:

1

Co-production, collaboration and community power



Description

Neighbourhood Health Plans must be genuinely **co-designed** and **community-led**, with residents and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector defining priorities and leading action.

Community assets (skills, knowledge and networks) should be central, starting with mapping and mobilisation. This is about building capacity and resilience, not shifting services, enabling communities to drive health and wellbeing through a **bottom-up approach**.

Example(s)

Cheshire West and Chester 'Nothing About Us, Without Us' use a poverty truth approach based on a co-production model, where Community Inspirers (people with lived experience of poverty) and Civic and Business Leaders in the West Cheshire area, work together to tackle poverty, ensuring community voices are centre to decision making.

When developing their Health and Wellbeing strategy, Sefton took a co-productive, collaborative and community powered approach by undertaking a three-month community consultation as well as extensive collaborative stakeholder consultation to identify the top three principles to drive the strategy over the next five years. These principles will be distilled into strategic objectives, forming the strategy that will shape the direction of the Health and Wellbeing Board.

2

Marmot principles, prevention and inequalities



Description

The primary focus should be on embedding the Marmot principles to promote **prevention** and early intervention, ensuring that children have the best start in life and **tackling health inequalities** through targeted action on the wider determinants of health (proportionate to need and using data broken down by demographics).

Example(s)

Sefton have embedded the Marmot principles within their local policy and strategies. Their three core principles for the next five years are:

- Children and young people
- Housing, environment and community
- Employment education and training

The two cross-cutting principles will be:

- Tackling racism and inequality
- Tackling inequalities

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3 'One Team' system leadership and collaboration

Description

Foster a shared culture and leadership model where the NHS, local government, public health, social care and Voluntary, Community, Faith and Social Enterprise (VCFSE) partners operate as **one unified team** with shared accountability for outcomes, resource alignment and delivery of neighbourhood plans.

VCFSE partners should be embedded within neighbourhood governance structures as equal partners rather than advisory stakeholders.

Example(s)

St Helens has created a strong "One Team" leadership model across NHS, ICB, local government, public health, social care and the VCFSE sector.

Key Boards provide aligned strategic direction and oversight allowing improved cross sector planning and service effectiveness and enabling the Council's successful bid to pilot the national neighbourhood health programme.

4 Outcomes, not just inputs



Description

Success is defined by **improved population health** outcomes, reduced disparities, and enhanced experience, not just financial efficiency or service delivery volume. When completing outcomes-driven evaluation, consider the outcomes that matter most to local communities and the wider system.

Example(s)

St Helens focus on outcomes by monitoring health and wellbeing across the life course, from early childhood through adulthood to later life. Key measures include birth and infant outcomes, childhood development, health behaviours such as smoking and obesity, self-harm in young people, adult screening, long-term conditions, life expectancy, and ageing outcomes which have all been carefully selected to reflect the priorities of the Council. These are compared with national averages and used alongside the All Together Fairer Marmot Beacon indicators to identify inequalities and prioritise action.

Guiding Principles for Implementation

Local areas should adopt these principles as the foundation for planning and operationalising local neighbourhood plans:

5

Alignment and coherence



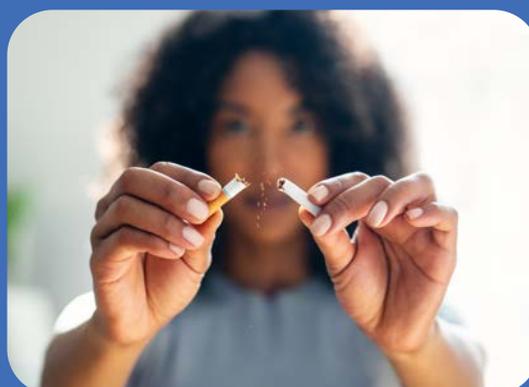
Description

Ensure seamless integration of plans with:

- Current system strategies that have already been agreed (e.g. by the Integrated Care Board, Local Authorities).
- Existing strategies that will evolve and change (e.g. Integrated Care Partnership will dissolve in March 2026 with plans to create equivalents based on combined authority areas).
- Emerging strategies that are being developed as part of devolution plans for Cheshire and Warrington and the Liverpool City Region.
- Existing evidence-bases (e.g. Joint Strategic Needs Assessments (JSNAs)).

Example(s)

Tobacco Alliance strategies are aligned to the Local Government Declaration, national guidance, and the Cheshire and Merseyside All Together Smokefree Programme.



6

Data and intelligence



Description

Ensure strategic vision and shared priorities are driven by **local data** and intelligence.

Example(s)

As part of the fuel poverty work in Halton, patient identifiable data is being used to target patients with long term conditions (i.e COPD patients) with affordable warmth support reducing admissions to hospital in colder months.

Enablers

To create the conditions for these objectives and guiding principles to move from aspiration to action, the Champs Directors have identified a set of system enablers.

These enablers will serve as the foundation for developing the integrated neighbourhoods model:



1. Existing Infrastructure

Neighbourhood Health Plans should take an asset based approach that maps and mobilises the strengths of residents, community groups and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector (including skills, knowledge and social networks) alongside physical/place assets. This should include explicit recognition of VCFSE infrastructure organisations at place and system level. Plans should build on existing infrastructure, strategies and hubs at place level across the NHS, local government and community partners to inform and coordinate development and delivery.

2. Joint Strategic Needs Assessment

Population Health Management (PHM) and the Joint Strategic Needs Assessment (JSNA) are essential, interconnected tools that use data and community engagement to identify health needs and challenges, thereby directly shaping and prioritising neighbourhood health and social care services, especially proactive and preventative interventions.

3. All Together Fairer

Ensuring the All Together Fairer approach to the Marmot principles is embedded throughout the Cheshire and Merseyside system, through local government, NHS and voluntary sectors.



4. Lived experience and participatory governance

Embed meaningful participation through community assemblies, citizen panels, participatory budgeting, and lived-experience advisory groups that are supported by structured facilitation, access needs, and fair remuneration. These mechanisms give residents, community groups and the VCFSE sector real influence over neighbourhood health planning, prioritisation and delivery. Formalise power-sharing with equal community seats and co-chairs and, where feasible, delegate budgets and track engagement and empowerment metrics alongside health outcomes. VCFSE partners should have clearly defined roles within neighbourhood governance with shared responsibility for outcomes and oversight.

5. ICB Population Health plan on a page

The population health plan has developed a four-pillar approach to improve the health and wellbeing of Cheshire and Merseyside focused on:

- All Together Fairer programme
- Supporting healthy behaviours programme
- Healthcare inequalities programme, oversight and assurance
- Screening, immunisations and health protection

6. UK Healthy Cities and Towns

This initiative ensures an evidence-based approach, underpinned by community engagement, to support local leadership in developing health-focused policies. It encourages cities to embed health planning frameworks that influence housing, transport, and climate in creating environments that promote wellbeing and equity.



Key sources

The content in this framework has been informed by the following evidence, policy and practice sources:

The King's Fund

Place-based partnerships: challenges and opportunities

www.kingsfund.org.uk

The Association of Directors of Public Health (ADPH)

Public Health System Leadership

The Royal Society for Public Health (RSPH)

Community Health and Wellbeing

Office for Health Improvement and Disparities (OHID)

Public Health Outcomes Framework: May 2025 data update

www.gov.uk/government/statistics

Local Government Association

Health and Wellbeing Boards, and place

www.local.gov.uk

World Health Organization (WHO)

WHO European Healthy Cities Network

www.who.int

Voluntary, Community, Faith, Social Enterprise (VCFSE)

[How to include the VCFSE sector in Neighbourhood Health delivery](#)



Working as one to build a fairer,
healthier Cheshire and Merseyside

Find out more and get in touch

To learn more about All Together Fairer, please visit:

<https://champspublichealth.com/all-together-fairer/>

Champs Public Health Collaborative

To get in touch with the Champs Public Health Collaborative,
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