# BRIEFING NOTE

# Neighbourhood Health Framework

## What it means for the VCFSE sector in the North West and nationally

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### AT A GLANCE

The Neighbourhood Health Framework, published yesterday by DHSC and NHS England, is the most significant NHS policy shift for the voluntary, community, faith and social enterprise (VCFSE) sector in years. It sets out how a new neighbourhood health service will be built across England, moving care from hospitals into communities, organised around defined local populations.

- The VCFSE sector is explicitly named as a potential delivery partner in Neighbourhood Health Centres and Integrated Neighbourhood Teams.
- Health and Wellbeing Boards will own neighbourhood health plans from 2027–28. This makes VCFSE representation on HWBs an urgent priority.
- The Civil Society Covenant is directly referenced as a guiding principle, giving the sector a formal lever.
- ICBs must deliver minimum requirements in 2026–27. Decisions made this year will shape who is in and who is out.

## 1. What Is the Neighbourhood Health Framework?

The Neighbourhood Health Framework is a joint policy paper from the Department of Health and Social Care (DHSC) and NHS England, published 17 March 2026. It sets out the government's plan to build a neighbourhood health service across England.

The core idea is a 'left shift': moving care out of hospitals and into communities, from sickness to prevention, delivered as locally as possible. The framework defines how this will be organised, commissioned, delivered and measured.

It sits alongside the Medium-Term Planning Framework (2026–29), which asks ICBs to begin delivering minimum requirements immediately, with more fundamental reform from April 2027.

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## 2. The Big Headlines

### Neighbourhood Health Centres

250 Neighbourhood Health Centres (NHCs) will be built or repurposed by 2035, with 120 by 2030. Wave 1, in 2026–27, focuses on repurposing existing NHS estate in areas of highest deprivation. Critically, NHCs are described as bringing together GP services with community, local authority, civil society and VCFSE sector services.

### Integrated Neighbourhood Teams

INTs are the primary delivery mechanism. They will focus initially on people with frailty and end-of-life needs, multiple long-term conditions (CVD, diabetes, COPD, dementia), children and young people, and cancer. The NHS will not define nationally what an INT must look like that is decided locally, creating both opportunity and risk for the VCFSE sector.

### Health and wellbeing boards take centre stage

HWBs are given responsibility for developing neighbourhood health plans (from 2027–28), agreeing geographies, setting local outcome measures and aligning neighbourhood health with wider public service reform. This is a significant elevation of the HWB role and makes VCFSE representation on HWBs an immediate priority.

### New contracting models

Three new provider models are introduced: Single Neighbourhood Providers (SNPs, circa 50,000 population), Multi-Neighbourhood Providers (MNPs, circa 250,000+), and Integrated Health Organisations (IHOs) — whole-population budget holders. IHO contracts are NHS-only, but the framework creates routes for community and VCFSE partners to form alliances or joint ventures with statutory NHS bodies.

### The Civil Society Covenant is explicitly referenced

The framework states that ICBs and local authorities should have 'due regard' to the Civil Society Covenant's principles of partnership working when designing neighbourhood health. This is a formal lever for the VCFSE sector to hold systems to account and to demand meaningful co-design.

### The Office for the Impact Economy

Neighbourhood health is named as one of four priority themes for the newly launched Office for the Impact Economy (OfIE). Support planned includes developing neighbourhood health places toward investment readiness, communities of practice, and facilitating impact investment pipelines. Understanding what the investment model will via OfIE is important and whether there will be clarity, in terms of VCFSE mobilisation and market development, in understanding the potential of social investment.

## 3. What does this mean for the VCFSE sector?

This framework creates both genuine opportunity and real risk for the VCFSE sector. The opportunity is to be built into the architecture of neighbourhood health from the outset. The risk is being consulted rather than involved, contracted as an afterthought once the NHS and local authority structures are already designed.

### THE OPPORTUNITY

- The VCFSE sector is explicitly named as a potential delivery partner in both NHCs and INTs.
- The Civil Society Covenant reference creates a formal basis for demanding co-design, not just consultation.
- HWBs will own neighbourhood health plans, creating a governance lever if the sector secures representation.
- New contracting models allow VCFSE organisations to form alliances with NHS bodies and access neighbourhood health delivery.
- The OfIE investment readiness programme could unlock new funding for VCFSE-led neighbourhood approaches.
- The Greater Manchester (GM) VCFSE Accord is already a working model of what the framework describes as good practice and with the development of a Cheshire & Merseyside NHS-VCFSE MoU there are similar opportunities.
- The limit on what the new model could develop into, especially as wider partners like councils, combined authorities and HWBs get more involved, has greatly expanded in theory. Lessons from Liverpool City Region's early thinking on OPSI and Greater Manchester's Live Well and Prevention Demonstrator model can become part of the future conversation with ICBs.

### THE RISKS

- VCFSE representation on HWBs is not mandated. Influence depends entirely on local relationships and advocacy.
- Because INTs are locally defined, VCFSE organisations could easily be excluded from their design if they are not at the table now.
- Funding shifts from acute to 'community' may flow to community NHS trusts, not to the VCFSE sector.
- HC estates decisions are being made in 2026–27. Once buildings are designated, co-location decisions are hard to reverse and retrospectively build in.
- The pace of implementation is fast. ICBs must deliver minimum requirements this financial year. The sector needs to engage immediately.

## 4. What the VCFSE sector needs to do

Based on analysis of the framework, we identify three tiers of action: immediate engagement, structural positioning, and sustained advocacy.

| IMMEDIATE (March–June 2026) | SHORT-TERM (June–Dec 2026) | MEDIUM-TERM (2027 onwards) |
|---|---|---|
| Seek HWB representation or formal advisory mechanism | Develop a VCFSE position paper on neighbourhood health co-authored with sub-regional partners | Ensure VCFSE sector is included in neighbourhood health plan development processes via HWBs |
| Engage ICB neighbourhood health leads. Ask how VCFSE is being embedded in INT design and NHC planning | Make the case for social prescribing infrastructure to be explicitly named in neighbourhood health plans | Contribute to 10 Year Workforce Plan consultation on the VCFSE and community workforce |
| Invoke the Civil Society Covenant in conversations with ICBs and local authorities | Monitor INT development. Gather evidence on VCFSE inclusion or exclusion and feed into advocacy | Assess contracting landscape. Identify which VCFSE organisations are positioned for SNP/MNP |
| Track NHC wave 1 pipeline. Identify co-location opportunities before decisions are made | Engage combined authorities. Develop agreements and working arrangements. | Build evidence base on VCFSE contribution to neighbourhood health outcomes for future |
| Engage PCNs on their SNP trajectory and VCFSE inclusion | Track the OfIE neighbourhood health programme for VCFSE investment readiness opportunities | Advocate nationally through Alliance42 for VCFSE to be written into neighbourhood health implementation |

## 5. Key relationships to prioritise

The following relationships are most critical for the VCFSE sector to invest in, given the governance structures the framework establishes.

- Health and Wellbeing Boards: the single most important governance relationship. HWBs will own neighbourhood health plans and set local outcome frameworks from 2027–28.
- ICB Neighbourhood Health Commissioning Leads: making practical decisions about INT composition, NHC co-location and contracting arrangements in 2026–27.
- Directors of Public Health: natural allies given the shared prevention agenda; HWB members with real influence.
- Primary Care Networks / emerging SNP structures: as PCNs potentially evolve into SNPs, early VCFSE inclusion in governance matters. Social prescribing link workers are an existing bridgehead.

- Directors of Adult Social Care and Director of Children's Services: neighbourhood health is a joint NHS/local authority endeavour; DASCs and DCSs will shape local authority contributions.
- Mayoral Strategic Authorities: Understand the links between CAs and ICB governance. The GM VCFSE Accord is a model to build on and replicate.
- National Neighbourhood Health Implementation Programme: the NHS England body coordinating learning across early adopter systems. VCFSE voice and codesign needs to be visible in this community of practice.
- Alliance42 / National VCFSE Networks: coordinated national advocacy linking neighbourhood health implementation to Civil Society Covenant commitments is essential alongside local engagement.

## 6. The North West context

The North West is well placed to respond to this framework. Greater Manchester has the VCFSE Accord as an existing model of system-level VCFSE partnership, one that directly mirrors what the framework is calling for nationally. The VCFSE Partnerships and VCSE Alliances across Greater Manchester, Cheshire & Merseyside, and Lancashire & South Cumbria provides a platform for coordinated VCFSE engagement with the three North West ICBs and multiple HWBs. The role of Cumbria CVS and VONNE in terms of North Cumbria is also vital to our region.

VSNW, through its sub-regional coordination work and its role in the Alliance42 network, is well positioned to support this engagement, both in advocating for VCFSE inclusion at ICB and HWB level across the region, and in contributing to the national VCFSE response to the framework.

The State of the Sector research programme provides an important evidence base for making the case for VCFSE involvement, demonstrating the scale, reach and contribution of the sector to community health and wellbeing across the North West.

### VSNW: NEXT STEPS

This briefing note will be distributed to VSNW members, sub-regional partners and Alliance42 colleagues.

- VSNW and partners will seek meetings with North West ICB neighbourhood health leads to understand current plans and advocate for VCFSE inclusion.
- VSNW will work with partners to assess HWB representation across the region and coordinate asks for formal VCFSE advisory mechanisms.
- VSNW will engage Alliance42 to develop a coordinated national VCFSE response to the framework, linking explicitly to Civil Society Covenant commitments.
- VSNW will track NHC wave 1 pipeline developments across the North West and alert members to co-location opportunities.

For further information or to discuss this briefing, contact VSNW via vsnw.org.uk

## Glossary of acronyms

**CAs** – Combined Authorities
**COPD** – Chronic obstructive pulmonary disease
**CVD** – Cardiovascular disease
**DASC** – Directors of Adult Social Care
**DCSs** – Director of Children's Services
**DHSC** – Department of Health & Social Care
**GM** – Greater Manchester
**HWBs** – Health & Wellbeing Boards
**ICB** – Integrated Care Board
**IHOs** – Integrated Health Organisations
**INTs** – Integrated Neighbourhood Teams
**MNPs** – Multi-Neighbourhood Providers
**NHCs** – Neighbourhood Health Centres
**OfIE** – Office for the Impact Economy
**SNPs** – Single Neighbourhood Providers
**VCFSE** – Voluntary, community, faith & social enterprise