

Joint Cluster Board - Open

Date: Wednesday 30th September 2026

Time: 11:15 – 13:00

Location: Ground Floor Committee Room, Shire Hall Gloucester

Agenda Number:	8
Title:	Neighbourhood Health National visit update, including next steps
Confidential Papers:	Commercially Sensitive Yes/No Legally Sensitive Yes/No Contains Patient Identifiable data Yes/No Financially Sensitive Yes/No Time Sensitive – not for public release at this time Yes/No Other (Please state) Yes/No
Purpose: For Information	For Information
Key Points for Discussion:	The paper summarises progress in implementing the Neighbourhood Health Framework across the cluster, including feedback from the NHS England and DHSC review and the subsequent cluster and Place self-assessment. It highlights strong leadership, partnership working and established neighbourhood models, while emphasising the need to move from planning to delivery with clearer accountability, measurable outcomes and consistent arrangements across Places.
Recommendations:	• To note the updates • To note feedback from national visit • To consider and endorse the actions
Previously Considered By and feedback:	Neighbourhood Health has been discussed widely at system groups: Health and Wellbeing Boards, Health and Care Improvement Groups, multiple ODGs, System Executive Group, and ICB Extended Leadership Team meetings.

Management of Declared Interest:	There were no conflicts of interest within the National visit
Risk and Assurance:	The National visit was to support the cluster and no risks emerged.
Patient and Public Involvement:	In Gloucestershire, work undertaken on engagement as part of the development of the 5 year plan is informing the development of plans on Neighbourhoods. This included survey and engagement events across the County. For BNSSG, our local strategic approach which informs this work (HT2040) involved extensive involvement including questionnaires, lived experience focus groups, VCSE facilitation. Coproduction strongly embedded throughout design phase. Coproduction will continue to be embedded within the programme going forwards
Financial / Resource Implications:	Not applicable
Legal, Procurement, Policy and Regulatory Requirements:	Not applicable
How does this impact on health inequalities, equality and diversity and population health?	Across the Cluster we have set 'health equity' as one of our three strategic ambitions. Neighbourhood Health will play a critical role in contributing towards this. As we look to commission in the future for Neighbourhood Health we will ensure that outcomes are designed in a way that focus on address health inequalities across the Cluster.
Insights from population level data	To be developed as part of the National visit action plan
ICS Green Plan and the Carbon Net Zero target?	Proactive community-based care will reduce reliance on acute hospital services, lowering travel and estate use. Delivery of this plan enables us to deliver against the Green Plan Procurement levers will support social value and green priorities.
Communications and Engagement:	To be developed as part of the National visit action plan
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Sponsoring Director:	David Jarrett
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Report title: Neighbourhood Health update

1. Background

The Neighbourhood Health Framework, published in March 2026, sets the national ambition for neighbourhood health and the expectation that each Place will develop a Neighbourhood Health Plan through its Health and Wellbeing Board. Neighbourhood health is central to the cluster priorities of healthy lives, health equity and best value. The clustered ICB 2026/27 business plan identifies frailty as the initial focus for implementation.

Both BNSSG and Gloucestershire have developed neighbourhood approaches over several years. Each system has different strengths and development needs, and both have commissioned PPL to support aspects of their strategic commissioning approach. As the two ICBs move into a clustered arrangement, the next phase needs to connect this work, align commissioning where this adds value and preserve the local flexibility needed in each Place.

2. NHS England and Department of Health and Social Care visit

As part of the National Neighbourhood Health Programme, NHSE and DoHSC announced that they would be conducting a series of structured reviews with systems or clusters throughout May to July. The review started with a narrative submission on neighbourhood health from systems in early May, alongside a draft readiness pack collated from existing data that NHSE obtained to support and shape their the visit. Their goal was to understand and support systems in accelerating delivery.

Feedback from the NHS England/DHSC visit

The visit on 20 July 2026 brought together representatives from Bristol, North Somerset, South Gloucestershire and Gloucestershire to review progress at cluster, system and Place levels. It was the first time the four Places had considered neighbourhood health together in this way.

The discussion highlighted progress at three levels:

- Cluster: agreement around the strategic priorities of healthy lives, health equity and best value, with all-age frailty as an initial focus.
- System: established programmes and investment, including provider partnership development, VCSE infrastructure and proactive care models.
- Place: practical learning from the four Places, including the National Neighbourhood Health Implementation Programme in BNSSG and the National Frailty Programme in Gloucestershire.

NHS England and DHSC recognised strong leadership, positive relationships, openness to challenge and momentum across both systems. Examples included proactive frailty and

dementia work in Gloucestershire, Mental Health and Wellbeing Integrated Neighbourhood Teams in BNSSG, and developing provider and VCSE partnership arrangements.

The central message was that the cluster is well placed for the next phase, but now needs to move from design, planning and relationships to delivery, clearer accountability and measurable outcomes.

3. Cluster and place self-assessment

Shortly after the visit the cluster was issued with a self-assessment to be submitted, this looked at the 10 core components of the Neighbourhood Health framework as listed below.

Core component	Framework wording
Urgent, rehabilitation and reablement capacity	Agree an initial plan to reduce non-elective admissions and bed days by increasing the capacity of urgent, rehabilitation and reablement services at neighbourhood level, based on patient risk register analysis.
General practice access and variation	Agree a plan for tackling unwarranted variation and improving access to general practice, ensuring core hours requirements as defined in the national GMS contract are met, including the newly introduced urgent access requirements.
Neighbourhood footprints	Agree neighbourhood footprints around natural communities for the future development of integrated neighbourhood teams (INTs).
INTs for priority cohorts and devolved budgets	Agree plans to establish INTs focused on high-priority cohorts, including how devolving care budgets could work in their area.
Neighbourhood approach to elective pathways	Start to plan for a new neighbourhood approach for elective pathways with detail on how they can contribute to meeting the RTT standard and how they would use a devolved commissioning budget for outpatients for their population.
Community waits	Confirm plans to meet 18-week community waits and eliminate 52-week waits.
Better Care Fund pooled funding	Confirm how ICBs and local authorities intend to use pooled funding under the Better Care Fund in line with BCF guidance, including the required increases in ICBs' minimum contributions to adult social care.
Primary and secondary care interface	Continue to improve the primary and secondary care interface in line with the red tape challenge.
Organisational ownership	Confirm organisational ownership of planned deliverables.

Data sharing for identification and evaluation	Confirm plans for having the appropriate data-sharing arrangements in place to do robust patient identification and evaluation.
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Each component had 10 questions/ statements to be scored against, with the below outlining how each Place scored to inform a Cluster average.

Core component	Gloucestershire	Bristol	North Somerset	South Gloucestershire	Cluster total	Cluster average
Urgent, rehabilitation and reablement capacity	3	3	3	3	12	3
General practice access and variation	6	8	8	8	30	7.5
Neighbourhood footprints	3	3	3	3	12	3
INTs for priority cohorts and devolved budgets	5	1	2	0	8	2
Neighbourhood approach to elective pathways	2	4	4	4	14	3.5
Community waits	6	2	2	2	12	3
Better Care Fund pooled funding	6	5	5	5	21	5.25
Primary and secondary care interface	5	3	3	3	14	3.5
Organisational ownership	1	1	1	1	4	1
Data sharing for identification and evaluation	5	3	5	4	17	4.25
Total Cluster score						36

4. Conclusion of NHSE visit

Following on from the visit and combining with the Cluster and Place self-assessments, NHSE issued a one-page summary document, which was an amalgamation of;

- Current landscape
- Neighbourhood health maturity level at Place
- Examples of best practice
- Performance against the 5 goals
- Neighbourhood Health Framework readiness
- Key actions at Cluster and system levels

The full one-page summary report is outlined below.

ICB at a glance			
ICB CEO	Shane Devlin (CE of both ICBs);	Local authorities	4: Bristol City, North Somerset, South Gloucestershire and Gloucestershire (unitary from 2028) ;
ICB Chair	Jeff Farrar QPM (former BNSSG chair)	Providers	Acute: Bristol NHS FT, Gloucestershire Hospitals FT. Community/MH: Sirona care and health CIC, Avon and Wiltshire MH Partnership, Gloucestershire Health and Care FT. Ambulance: South Western Ambulance (SWASFT).
Registered population	Approx 1.63 million (2021 Census: BNSSG approx 979,600; Gloucestershire 646,627)	Self-reported	1: Gloucestershire Hospitals FT (CQC Requires improvement, Oct 2022). BNSSG in NOF segment 3
Places	4, coterminous with 4 HWBs	Workforce	Both ICBs reported small surpluses for 2025/26, approx 0.1m each, subject to audit. Running costs reduced 30%
Footprint	South West: urban core (Bristol), coastal (Weston-Super-Mare), rural (Gloucestershire)	Pilots and designations	NNHIP: 2 pioneers (South Bristol, Woodspring), both in BNSSG; none approved in Gloucestershire (part of National Frailty Programme). NHC Wave 1: not evidenced

Place level maturity score								
Place (fill = maturity)	Bristol	SCORE: 33	North Somerset	SCORE 36	South Gloucestershire	SCORE 33	Gloucestershire	SCORE 42
Population	472,500 (2021 Census)		216,700 (2021 Census)		290,400 (2021 Census)		646,627 (2021 Census)	
HWB sign-off	HWB approval of Better Care Fund and work underway on Neighbourhood Health Plans.		HWB approval of Better Care Fund and work underway on Neighbourhood Health Plans.		HWB approval of Better Care Fund and work underway on Neighbourhood Health Plans.		HWB approval of Better Care Fund and work underway on Neighbourhood Health Plans.	
NbH footprints / PCNs	3 Locality Partnerships (N and W, Inner City and E, South); within Bristol, 21 PCNs		Neighbourhood Wellbeing and Health Plan via HWB; 2 Locality Partnerships 4 PCNs		1 Locality Partnership		6 Integrated Locality Partnerships, 16 PCNs agreed as the initial footprint (visit-day slide)	
HLE (M / F)	60.1 / 60.1		62.6 / 62.4		64.2 / 64.0		63.4 / 63.4	
GP federation	One Care		One Care		One Care		Gloucestershire GP Collaborative	
MNP / integrator	Not surfaced		Not surfaced		Not surfaced		Gloucestershire Provider Partnership (signed MoU); accountable body not confirmed	

Examples of practice surfaced across Places	
Gloucestershire: PCN Frailty and Dementia proactive model, all PCNs live. Frailty segment non-elective bed days -22.2% and emergency admissions -6.5% year on year; 9,500 proactive care interventions, two acute wards closed. Artefact supplied (Frailty and Dementia Dashboard, May 2026); S1, J6 and RA2a moved to IN PROGRESS on the QR1 evidence. Source: dashboard and 20 July visit. BNSSG: Mental Health and Wellbeing INTs (MINTs), six locality teams since 2022, bringing together AWP, general practice, local authorities, talking therapies and VCSE. Source: visit-day slide; documentation requested. BNSSG: VCSE Brokerage Framework, over 150 organisations engaged (approx 40% micro or small), 56 proposals worth 2.7x the available budget, 62% of 25 awards to new suppliers. North Somerset: mature Care Home Hub and falls collaborative model led by Holly Paris, an isolated example within the Place (20 July visit). Source: visit-day slide and visit account.	

Five Goals (RAG vs England; see Annex B for scores)				
G1 Health outcomes	G2 GP access and experience	G3 Planned care	G4 Urgent and emergency care	G5 Patient and staff satisfaction
ICB Explorer (17 July 2026): both ICBs above the national median overall (QUY +0.43, QR1 +0.18). Strongest Goal is planned care, G3 above average for both (+0.71, +0.72). RTT 18-week well above (+2.75, +3.23). Weakest is Gloucestershire G1 (-1.19, well below average), ten of eleven metrics negative: hypertension treated -1.96, Type 1 treatment targets -1.54. Staff experience diverges: Bristol +1.55 vs Gloucestershire -0.33. Significant work underway in these areas - diagnosis rate should be viewed at the same time (the more people that are diagnosed the harder it becomes to reach the target on many of the LTC measures).				
Enablers (Section 4)				
Enabler (fill = rating)	Key point			
Data	Shared care record being tested at Woodspring NNHIP (slide deck); cluster-wide record and accountable CClO not evidenced. Johns Hopkins segmentation in Gloucestershire, with BNSSG using Cambridge score; Gloucestershire Personalised Proactive Whiteboard live in all PCNs. Both name data access as a live constraint (S10).			
Workforce	Staff experience diverges sharply (Bristol +1.55, Gloucestershire -0.33; engagement -0.46, advocacy -0.86). No cluster workforce stabilisation plan evidenced.			
Finance	BNSSG in NOF segment 3; both ICBs small 2025/26 surpluses (approx 0.1m each, subject to audit); running costs cut 30%. BNSSG Neighbourhood Health Development Fund 7.9m; Gloucestershire approx 2m pa for 3 years. Payment reform (J10) not evidenced.			
Digital	Ambient Voice Technology deploying to cut administrative burden (14 May SCP submission). NHS App front door (J9) local readiness not evidenced. Gloucestershire cites Provider Partnership access to whole-pathway data as a live constraint.			
Estates	BNSSG: 1 surgical hub, 3 CDCs, 3 family hubs, 2 NHS sites. Gloucestershire: 1 surgical hub, 1 CDC, no family hubs. NHC pipeline and Wave 1 designation to confirm; NHC opening hours (A8) not evidenced.			

Forward look - Key actions (CLUSTER)	
1.	Integrated Needs Assessment (INA) – Ensure that there is clarity on the population need (for agreed cohorts) through in the INA and use this to reach agreement on the focus and definition of frailty in a way that builds consistency across the cluster.
2.	Rationalisation of Data Tools – Decide on the direction of travel for data tools that ensure a clear connection between strategic segmentation (strategic commissioning) and proactive care (direct care) in Neighbourhoods.
3.	Planning 27/28 – Set a very clear set of commissioning intentions for 27/28 e.g. we want one coordinating provider for the delivery of proactive frailty care in each System and/or Place
4.	Outpatient Model (re. consultant model) – Share the learning from the respiratory / diabetes and multi-LTCs work in Gloucestershire across the Cluster and develop plans for potential extension.
5.	Definition of Outcomes – Drawing on work undertaken to date undertaken at Neighbourhood, Place and System (BNSSG / Gloucestershire) set a clear set of outcomes (and baseline these outcomes) for Provider Partners.
6.	Set Trajectories / Impact Expectation – Set a clear set of ambitions of how many people will be seen and the expected impact on activity, performance and outcomes.
7.	Contracting Model for Provider Partnerships – Give Provider Partnerships a focus i.e. use the MoUs to inform a contract for them to deliver (linking to Neighbourhood Health contracts) and support move to IHO status over time.
8.	Local Government Reorganisation - Continue the reorganisation aligned with the Local Government Reorganisation timetable.
9.	Cluster action plan – Create a cluster wide action plan that resolves the feedback from NHSE regarding gaps and actions

Framework readiness: Stage 1 (foundations) and Stage 2 (Nbh Plan)		
Ref	Stage 1 minimum requirement (2026/27): Ref fill shows rating	Self-assessed score
S1	Reduce non-elective admissions via UCR and reablement	3
S2	Reduce variation; improve access to general practice	7.5
S3	Neighbourhood footprints agreed	3
S4	INTs for high-priority cohorts; devolved budgets	2
S5	Neighbourhood approach to elective pathways	3.5
S6	18-week community waits; eliminate 52-week waits	3
S7	BCF pooled funding plans confirmed with LAs	5.25
S8	Primary / secondary care interface (RTC)	3.5
S9	Organisational ownership of planned deliverables	1
S10	Data-sharing arrangements for patient identification	4.25
Stage 1 overall:		36

Ref	Stage 2 Nbh Plan: seven-step readiness (overall EARLY STAGE)
1	National objectives via the three reform agendas
2	Support wider local goals and public service reform
3	Local objectives informed by JSNA
4	Confirm final geographies
5	Confirm organisational delivery responsibilities
6	Confirm governance and operational arrangements
7	Align other initiatives (Family Hubs, Pride in Place, MH hubs, employment)
Stage 2 overall EARLY STAGE	

Forward look – Key actions (ICBs)	
BNSSG:	
1.	Commissioning of Children's Services and link to Neighbourhood Health – ensure there is a clear link into outpatient and acute transformation.
2.	Delivery Plan for £7.9m Funding – develop delivery plan by Provider Collaborative (GP body as the lead).
3.	Development of the Provider Partnership – develop link with Local Authority (and Social Care Providers) and VCSE.
4.	1% of patients - Ensure clarity on the 1% of patients – who are they, where we are and potential acute bed opportunity.
5.	Proactive care – Define and clarify proactive care within model.
Gloucestershire:	
1.	Development of the Provider Partnership – develop a stronger link with Local Authority and VCSE (consider as part of this the role of social care providers).
2.	Provider development of the frailty model – expansion beyond PCN model into community, social care and VCSE
3.	Data sharing arrangements with Provider Partnership – access to population health segmentation and data sharing with VCSE partners (for Proactive Care).
4.	Baselining of activity and outcomes from Provider Partnership – complete, share and monitor (action underway).

5. Cluster and system priorities

Cluster wide		
Action area	Action	Owner
Integrated Needs Assessment (INA)	Ensure that there is clarity on the population need (for agreed cohorts) through in the INA and use this to reach agreement on the focus and definition of frailty in a way that builds consistency across the cluster.	PHM SDE and Data science team
Rationalisation of Data Tools	Decide on the direction of travel for data tools that ensure a clear connection between strategic segmentation (strategic commissioning) and proactive care (direct care) in Neighbourhoods.	Data and Analytics team
Planning 27/28	Set a very clear set of commissioning intentions for 27/28 e.g. we want one coordinating provider for the delivery of proactive frailty care in each System and/or Place.	Strategy, Insights and engagement team
Outpatient Model (re. consultant model)	Share the learning from the respiratory / diabetes and multi-LTCs work in Gloucestershire across the Cluster and develop plans for potential extension.	Elective and complex care commissioning team
Definition of Outcomes	Drawing on work undertaken to date undertaken at Neighbourhood, Place and System (BNSSG / Gloucestershire) set a clear set of outcomes (and baseline these outcomes) for Provider Partners.	PHM SDE and Data science team and Place teams and Strategy, Insights and engagement team
Set Trajectories / Impact Expectation	Set a clear set of ambitions of how many people will be seen and the expected impact on activity, performance and outcomes (linked to the Neighbourhood Health framework ambitions)	PHM SDE and Data science team and Place teams and Strategy, Insights and engagement team
Contracting Model for Provider Partnerships	Give Provider Partnerships a focus i.e. use the MoUs to inform a contract for them to deliver (linking to Neighbourhood Health contracts) and support move to IHO status over time.	Neighbourhood health team (integrated care, children and young people) and Contracts &

		Procurement team
Local Government Reorganisation	Continue the reorganisation aligned with the Local Government Reorganisation timetable.	Gloucestershire County Council
Cluster action plan	Create a cluster wide action plan that resolves the feedback from NHSE regarding gaps and actions	Neighbourhood health team
BNSSG system		
Action area	Action	Owner
Commissioning of Children's Services and link to Neighbourhood Health	Ensure there is a clear link into outpatient and acute transformation.	Neighbourhood health team
Delivery Plan for £7.9m Funding	Develop delivery plan by Provider Collaborative (GP body as the lead).	OneCare
Development of the Provider Partnership	Develop link with Local Authority (and Social Care Providers) and VCSE.	Place teams
1% of patients	Ensure clarity on the 1% of patients – who are they, where we are and potential acute bed opportunity.	OneCare and Data and Analytics team
Proactive care	Define and clarify proactive care within model.	OneCare and HWB's

Gloucestershire system		
Action area	Action	Owner
Development of the Provider Partnership	Develop a stronger link with Local Authority and VCSE (consider as part of this the role of social care providers).	Gloucestershire Provider Partnership and Place teams
Provider development of the frailty model	Expansion beyond PCN model into community, social care and VCSE.	Gloucestershire Provider Partnership

Data sharing arrangements with Provider Partnership	Access to population health segmentation and data sharing with VCSE partners (for Proactive Care).	Data and Analytics team
Baselining of activity and outcomes from Provider Partnership	Complete, share and monitor (action underway).	Gloucestershire Place team and PHM SDE and Data science team and Strategy, Insights and engagement team

6. Next steps

The establishment of Provider Partnerships in BNSSG and Gloucestershire will be central to delivering on the ambitions for Neighbourhood Health with a starting focus on all-age frailty.

The ICB will focus on developing strategic commissioning arrangements for Neighbourhood Health – setting clear and measurable outcomes around groups of the population. The recent Single Neighbourhood Provider (SNP) and Multi-Neighbourhood Provider (MNP) contracts will guide our commissioning approach in both systems.

Provider Partnerships will focus on design and delivery of new Neighbourhood Health models of care with clear arrangements for accountability of delivering against the desired outcomes.

Across the Cluster we are at the stage of revising governance arrangements that will ensure there is a clear oversight of Neighbourhood Health for strategic commissioning with Provider Partners establishing system governance arrangements for transformation and delivery.

Oversight of the action plan described above will sit within a Cluster wide Neighbourhood Health Strategic Commissioning Group.