

Neighbourhood Health Outcomes Framework

Health and Well Being Board

Lynn Millar

Director of Place – Shropshire, Telford and Wrekin ICB

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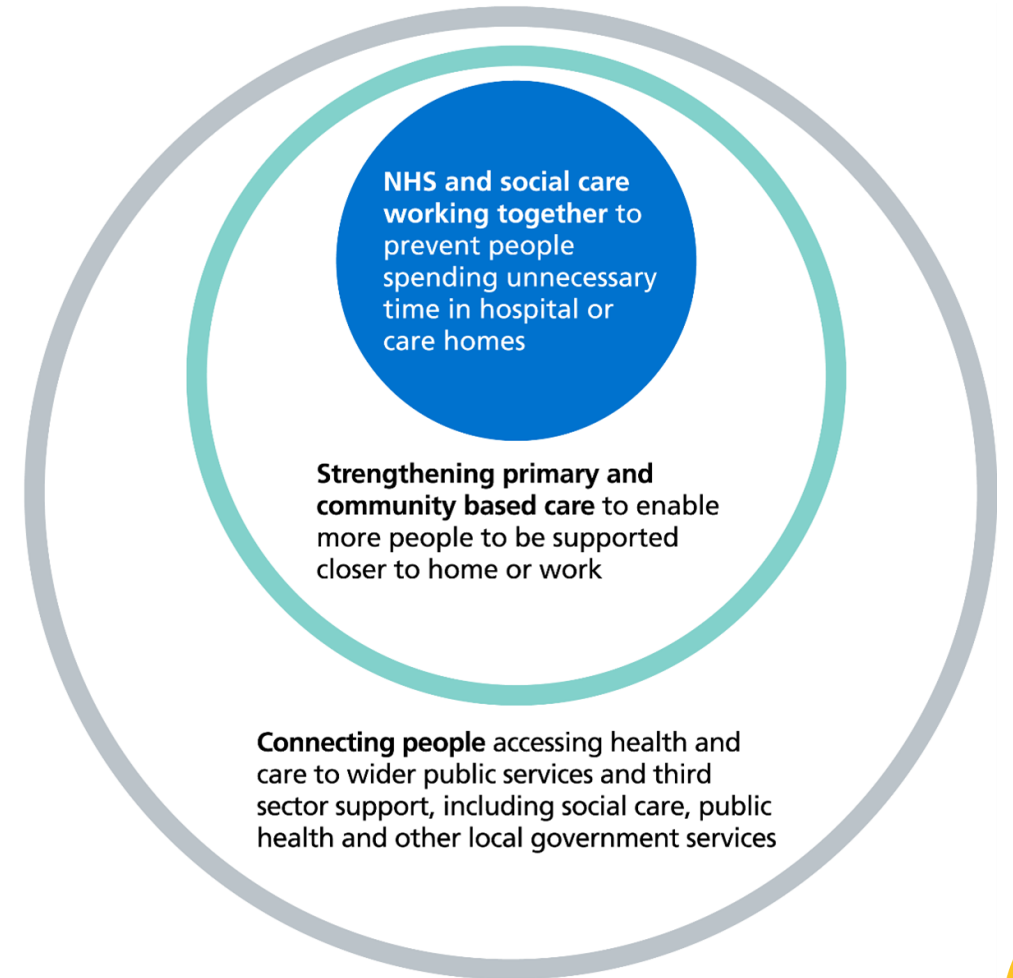
National Direction

Neighbourhood Health Aim:

Create healthier communities, helping people of all ages live healthy, active and independent lives for as long as possible while improving their experience of health and social care, and increasing their agency in managing their own care.

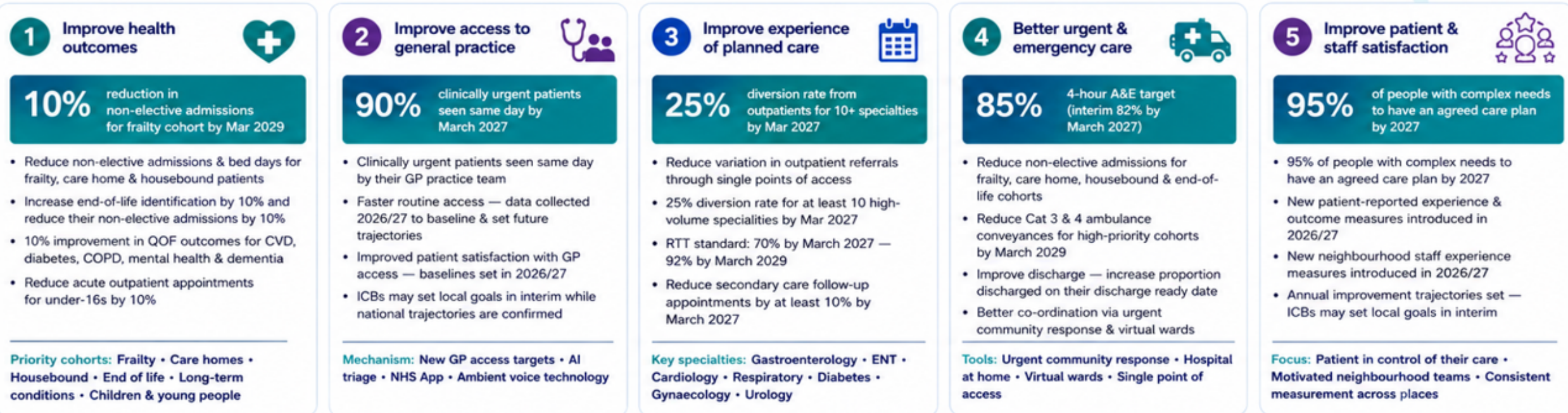
Approach:

Better connecting and optimising health and care resource through 3 key shifts at the core of the government's health mission:

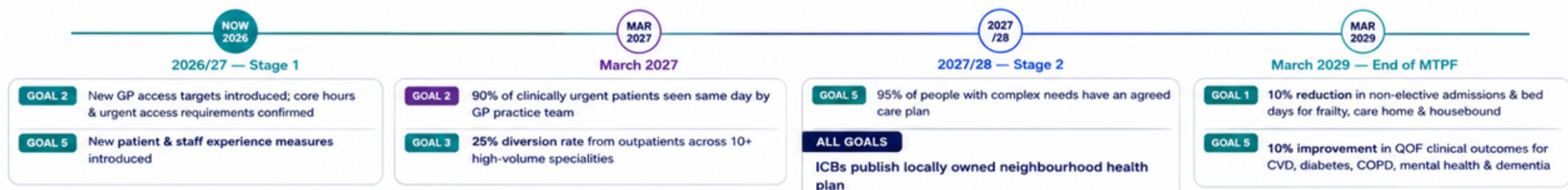


What this means for us: Neighbourhoods become the delivery footprint for prevention, proactive care and alternatives to hospital.

National Goals



DELIVERY TIMELINE — INITIAL PROGRESS EXPECTED APRIL 2026 TO MARCH 2029 (MEDIUM TERM PLANNING FRAMEWORK)



What this means for us: the five goals become the organising framework for the programme plan and delivery control view.

Priority neighbourhood cohorts

- The ICB objectives for year 1 are to improve outcomes for the identified priority cohorts of frailty and cardiovascular renal and metabolic (CVRM) while reducing variation in access, experience, and outcomes
- This is in line with the STW Prevention Framework, Ageing Well and CVRM Strategy
- Children and Young People (CYP) and Mental Health are expected to become key areas of focus in year two (2027/28).



1. Frailty

- Proactive identification
- MDT care planning
- Rapid community support
- Admission avoidance



3. Mental health

- Integrated support with primary care and community teams
- Crisis avoidance
- Earlier access



2. Long-term conditions

CVD, diabetes, COPD, dementia

- Risk stratification
- Prevention and self-management
- Pathway redesign



4. Children and young people

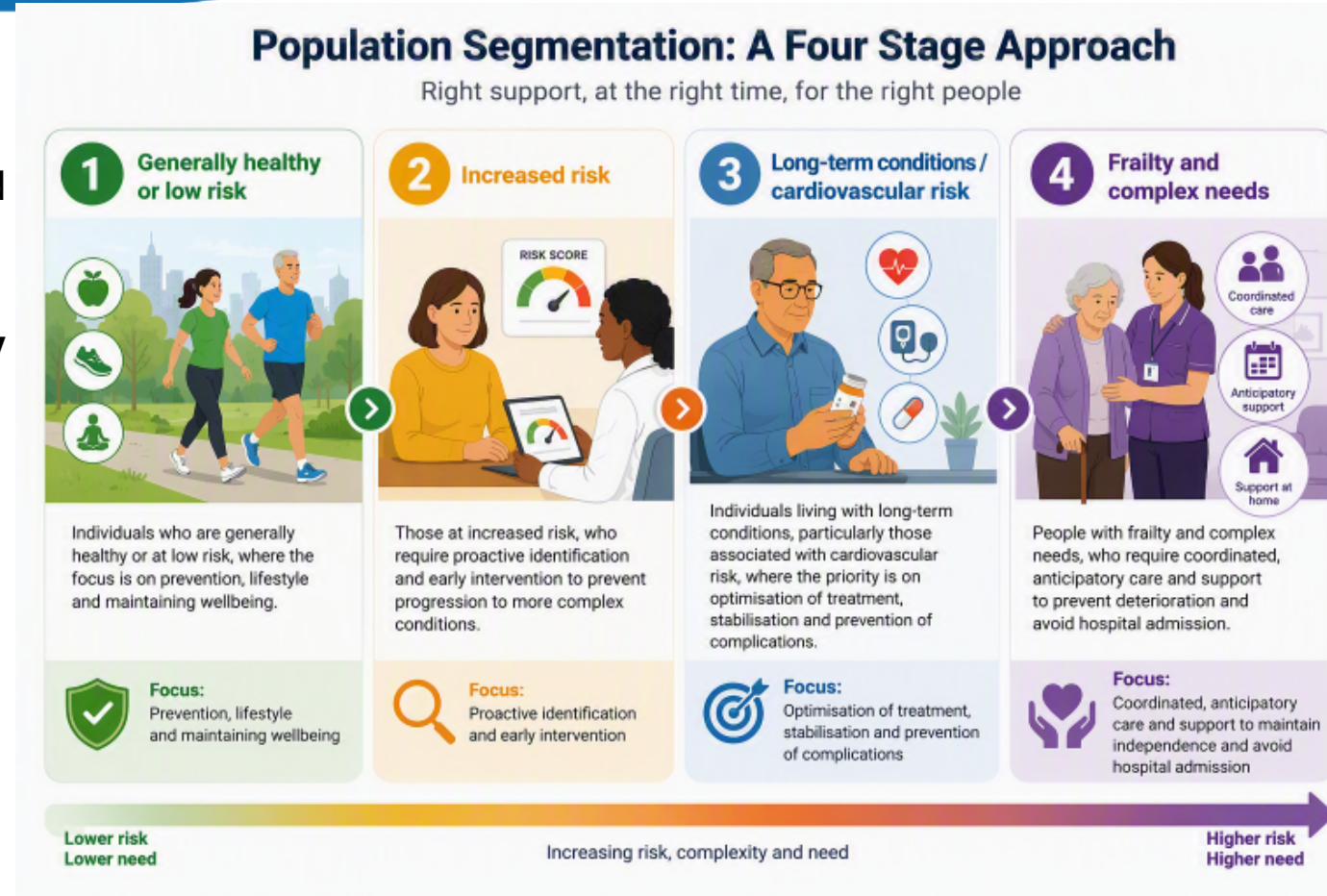
- Joined-up paediatric and community support
- Early intervention
- Better coordinated care



Local areas can add further cohorts based on population need and PHM insight.

Outcomes framework

- The Outcomes framework focuses on prevention, early identification, proactive management, and timely intervention, with a clear expectation that care is shifted upstream to optimise care and avoid admissions
- **Integrated Neighbourhood Teams and PHM approach using risk stratification to proactively identify complex patients**
- The allocation of neighbourhood funding will be delivered through the anchor institutions, Midlands Partnership Foundation NHS Trust (MPFT) for Staffordshire and Stoke-on-Trent and Shropshire Community Health NHS Trust (SCHT) for Shropshire, Telford and Wrekin
- The anchor institutions will act as integrators to deploy the 26/27 left shift funding across neighbourhoods and commissioning delivery in partnership with general practice, PCNs, VCSE organisations, local authorities, and other providers
- Our Place Boards will provide oversight for delivery



Required outcomes

High-Level System Outcomes

Neighbourhood investment will be expected to deliver measurable improvement against a core set of system outcomes, including:

- Stabilisation or reduction in urgent and emergency care demand, including non-elective admissions and A&E attendances;
- Reduced length of stay and improved hospital flow for priority cohorts;
- Demonstrable shift in activity from acute to community settings;
- Reduced utilisation by high-intensity service users;
- Improved outcomes for priority population groups, including frailty and CVRM;
- Delivery of activity and financial plans aligned to system sustainability.

Priority Groups Outcomes

- A validated risk-stratified register of the top 5% highest-risk residents will be maintained by each INT
- INTs will actively manage the highest-risk population, reaching:
 - 1% by end Q1
 - 2.5% by end Q2
 - 4% by end Q3
 - 5% by end Q4
- 95% of actively managed patients will have an agreed care plan and medication review
- Neighbourhoods will demonstrate a minimum 10% reduction in non-elective admissions and/or emergency bed days for the actively managed cohort.

Timeframes

