

March 2026

Neighbourhood Based Care Board update

The South East London Neighbourhood Based Care Board (NBCB) is made up of colleagues from across our integrated care system and meets every month to oversee and guide progress towards a neighbourhood-based model of care. As outlined in the government's 10 Year Health Plan, the aim is to make health and care services more proactive, more joined-up, and more responsive to the needs of local people and communities.

National Direction and Strategic Context

National neighbourhood guidance has now been published, setting out clear priorities and assessment expectations for ICBs in 2026/27. The requirements broadly align with the direction already underway in south east London but place greater emphasis on clarity of plans, ownership and demonstrable impact. Two key documents were released:

The [Neighbourhood Health Framework](#) confirms neighbourhood working as the way services will be delivered and sets out priority actions for 2026/27, including:

- Reducing non-elective admissions and bed days through strengthened neighbourhood-level urgent, rehabilitation and reablement services.
- Tackling unwarranted variation and improving access to general practice, including delivery of new urgent access requirements.
- Agreeing neighbourhood footprints based on natural communities and establishing integrated neighbourhood teams (INTs) focused on priority cohorts.
- Developing neighbourhood approaches to elective pathways and community waits, including meeting RTT standards and eliminating 52-week waits.
- Confirming use of pooled Better Care Fund resources, improving the primary–secondary care interface, and ensuring clear accountability, data-sharing and evaluation arrangements.

[Population health commissioning – Fit for the future](#) sets out expectations for ICBs to move towards population-health-based commissioning models over the next three years.

It provides greater clarity on:

- How commissioning models are expected to align and evolve over time.
- The pace of transition to population-based approaches.
- The role of Integrated Health Organisations (IHOs) and links to advanced trust status.
- Further national guidance and consultation expected during the year.



Integrated Neighbourhood Teams (INTs) - All six south east London places are now developing or operating INTs, with differing levels of maturity. INTs remain the primary delivery vehicle for neighbourhood care, bringing together primary care, community services, social care, mental health and the voluntary sector as “teams of teams” working around defined neighbourhood populations.

- Priority cohorts remain - people living with frailty and approaching end of life, people with multiple long-term conditions, and children and young people with complex needs.
- During 2026/27 every place is expected to have at least one functioning INT and a minimum of 1.5% of the population supported through INT models by year end.
- Increasing emphasis on proactive care, supported by population health management tools rather than referral-only models.

Children and Young People (CYP) - A south east London-wide CYP INT Framework is being developed, setting out a population-health-led, multi-agency model focused on need rather than diagnosis.

- 2026/27 is the first phase, with each place setting up at least one CYP integrated neighbourhood team and trying the model with priority groups.
- Existing child health teams and Family Hubs provide important foundations but are not full INTs in themselves.
- The framework sets out shared principles, core functions and outcome domains, with a long-term ambition to embed CYP neighbourhood working by 2029.
- Further work is underway to strengthen mental health outcomes within the CYP model.

Population Health Management (PHM) - Population health management continues to be embedded as a key part of neighbourhood delivery, supporting targeting, prioritisation and multi-disciplinary team working.

- Growing use of PHM tools to identify priority cohorts and inform resource allocation.
- Recognition that current tools are “good enough to act”, alongside ongoing development of more advanced system-wide data architecture.
- Continued work to align analytics with London-wide developments to support consistency and reduce unwarranted variation.

Prevention and health inequalities Prevention remains central to neighbourhood working, with a strong focus on reducing inequalities and intervening earlier.

- Delivery of the Vital 5 Plus prevention priorities.
- Targeted neighbourhood prevention investment in Core20 communities.
- Prevention positioned as a shared endeavour across the NHS, local authorities, VCSE partners and communities.



Digital enablement of neighbourhood care - Digital and data are critical enablers of neighbourhood working at scale.

- Making better use of existing systems, including the London Care Record, Universal Care Plan, NHS App, EMIS and Epic.
- Ensuring digital solutions are neighbourhood-first, inclusive of all partners and focused on practical workflows.
- Exploring longer-term options, including digital overlays or a single neighbourhood EPR, without immediate procurement decisions.
- Taking a phased, system-led approach to improving interoperability and information sharing.

Estates and neighbourhood hubs - Work on estates is increasingly focused on functionality rather than specific buildings, ensuring neighbourhood hubs support integrated working in practice.

- Neighbourhood hubs as enablers of integrated care.
- Capital prioritisation linked to areas of lower healthy life expectancy.
- Alignment between estates, workforce and digital planning.

Workforce, leadership and culture - Neighbourhood delivery continues to depend on strong leadership, collaboration and shared accountability.

- Workforce mobilisation progressing at different paces across places.
- Emphasis on collaborative leadership and cross-organisational working.
- Continued focus on peer learning and reducing unwarranted variation.

Finance and investment - The Strategic Investment Fund (SIF) remains the primary enabler of neighbourhood delivery in 2026/27.

- Recurrent investment focused on sustainable change.
- Delivery plans co-produced through integrator and place partnerships, including VCFSE and local authorities.
- Increasing focus on productivity, outcomes and shifting resources into community-based care and prevention.

Outcomes and impact

Work is underway to agree a small set of shared outcome measures to track the impact of neighbourhood working across south east London. These will focus on outcomes that matter most to residents and the system, including access, experience, flow through services and reductions in avoidable demand. The aim is to:



- Provide a consistent way of measuring progress across places.
- Support learning and improvement, rather than performance management.
- Align neighbourhood outcomes with national expectations and emerging London-wide metrics.

Further refinement of the proposed metrics will continue during 2026/27, alongside wider work on population health management and evaluation.

In summary

The publication of national guidance confirms and sharpens the neighbourhood approach already underway in south east London. The system is now firmly in a delivery phase, with 2026/27 focused on demonstrating impact, reducing variation and embedding neighbourhood working as the default way of delivering care, while remaining flexible to emerging national policy and guidance.

You can find papers and presentations from all previous Board meetings [on our website](#).

