

What the Neighbourhood Health Framework Means for the VCSE Sector

This webinar was hosted by **Social Enterprise UK**, the world's largest network representing businesses with a social purpose.

Chaired by Karen Jackson, Chief Executive of [Locala](#) and Chair of Social Enterprise UK's health and [social care network](#).

Presentations from Tom Shirley, Head of Strategy and Partnerships, Neighbourhood Health, Department of Health and Social Care; Phillippa Baker, Deputy Director, Neighbourhood Health, Department of Health and Social Care.

Q&A Panel members included; Nicola Gitsham, Head of Strategy and Policy, National Neighbourhood Health Implementation Programme, NHS England; Rachna Vyas, National Policy Advisor, Strategy and Neighbourhood Programme, NHS England; Ravneet Viridi, Head of Civil Society Policy and Strategic Delivery, Department for Culture, Media, and Sport; Joe Micheli, Policy Advisor, Office for the Impact Economy

Attendees from the VCSE sector, including members of Social Enterprise UK, [The Richmond Group](#), a coalition of health and care charities working together to help people living with long-term, multiple or complex health needs to live well and thrive, and [NAVCA](#), the national membership body for Voluntary and Community infrastructure organisations in England.

On 21st April, [Social Enterprise UK](#), hosted a webinar in which senior representatives from the Department for Health and Social Care and NHS England set out the Neighbourhood Health Framework and its implications for VCSE sector organisations. The session covered the policy context, the Neighbourhood Health Centres programme, funding criteria, and future direction, followed by a Q&A discussion chaired by Karen Jackson of Locala. This document summarises the key points from the session for attendees and members who were unable to join on the day.

Presentation Summary

1. What is Neighbourhood Health?

The Neighbourhood Health Framework guidance was published in March 2026. It sets out a place-based, population-focused approach to care, aiming to deliver services earlier and in a more joined-up way. The framework is centred on the health and wellbeing of a neighbourhood and the people and communities who live there, with the goal of organising public services around people and communities rather than around institutional structures.

Presenters were clear that this is not about the local health system rearranging itself. The framework is about ending the fragmented, reactive nature of services and putting the person at the centre of their care.

NHS England is aware that Neighbourhood Health approaches are already developing around the country. The purpose of the framework is to give greater clarity and empowerment to help local areas understand and implement what 'good' looks like nationally.

The current phase centres on engaging with key delivery partners. Neighbourhood Health relies on local government, public health, social care, and the VCSE sector working together. This includes understanding local priorities and ensuring a joined-up approach between DHSC, DWP, MHCLG, and other government departments. NHS England is currently working closely with ICBs and local authorities, and is bringing in a wide range of partners to ensure shared ownership across local areas, in neighbourhoods and across systems, to drive impact.

2. Partnership and Local Leadership

Health and Wellbeing Boards are expected to lead Neighbourhood Health locally, and partnership is described as an essential aspect of delivery. The following themes were highlighted as central to this section of the presentation:

- What is different about Neighbourhood Health
- Supporting VCSEs to reach their potential
- Wider, place-based government reform
- Joined-up working across a spectrum of services and organisation types - VCSE, NHS, local authorities, Health and Wellbeing Boards, and ICBs

3. Neighbourhood Health Centres (NHCs)

[Guidance](#) on Neighbourhood Health Centres was published on 15 April 2026. The NHC model shifts the approach to care towards something more personalised, more preventative, and developed closer to communities.

The right local estate can help and enhance this model of care - estates are positioned as an enabler of change within a wider context. The programme is not focused entirely on new builds. It explicitly includes local authority and other public sector estate, as well as estate held by civil society organisations. The ambition is to build on a vision of what is already available locally, drawing on the estate that partners already have to create bespoke NHCs tailored to local need - some will be larger, some smaller.

Integrated services will sit within NHCs, bringing together GPs, voluntary services, and community services. The full range of services envisaged includes general practice, community health, mental health, services for babies, children and families, clinics, minor diagnostics, out-of-hours provision, and urgent treatment, all operating as shared spaces.

The aim is to deliver 250 NHCs over the next ten years, with 120 of these in place by 2030. The funding model is 20% public capital and 80% Public-Private Partnership (PPP). DHSC is also working with the Office for the Impact Economy in the Cabinet Office on social investment opportunities for NHCs.

Key deadline: Between now and 28 May 2026, NHS regions should work with ICBs to develop a proposed strategic NHC pipeline for each ICB. Local engagement with partners is ongoing through to May 2026. NHCs are intended to be the place to go for most health needs in every community, open 8am–8pm.

4. Criteria for Funding NHC Schemes

The following criteria were set out for funding NHC schemes:

- Alignment with Neighbourhood Health Objectives and population needs
- Coherence between the Neighbourhood Service Model, GP provision, and physical estate - anchored around general practice and enabling joined-up delivery across health, local authorities, and civil society
- Intelligent strategic estates planning, prioritising the reuse and repurposing of existing estate
- Deliverability and pipeline readiness - deliverable within the proposed timeline, with evidence of site availability and stakeholder alignment
- Financial sustainability and revenue affordability, including how running costs will be met with available funding flows
- Governance, leadership, and partnership maturity - clear and robust governance structures
- Local strategic alignment - stakeholder engagement and integration across services and estates

5. Future Waves of NHCs

Future waves of the NHC programme will be bigger in scale and ambition. NHS England is asking ICBs to lead the development of local estate strategies, looking at existing NHS estate to understand whether it is fit for purpose.

Q&A Discussion

The Q&A session was chaired by the Chair, Karen Jackson, Locala. The following summarises the questions raised and the key points from the responses.

Q1. What are the main funding routes for NHCs?

Three primary funding routes were outlined:

- Refurbishment funding
- New builds via Public-Private Partnerships
- New builds via public capital funding

The overall approach is a mixed funding model. ICBs are expected to invest in prevention and in keeping people well at home. Funding decisions will often be locally driven via ICBs, Health and Wellbeing Boards, and neighbourhood planning. DHSC is also working alongside the Office for the Impact Economy on solutions including social investment. The focus is on partnerships that support the 'left shift' to community-based care.

Q2. How do VCSEs best demonstrate and measure impact and value?

There is a strong emphasis on demonstrating public value. Organisations need to measure both quantitative metrics - such as admissions and activity - and qualitative outcomes, including patient experience and feedback, and community impact. NHS England is developing a Neighbourhood Index which will combine hard data with feedback from users and communities. The direction of travel is a shift from measuring inputs to measuring outcomes and impact. The VCSE sector's expertise in impact measurement is explicitly recognised as both valuable and necessary.

Q3. Partnership working - how can the VCSE sector get involved?

The Civil Society Covenant, published last year, outlines the roles and relationship between civil society and government. The Local Covenant Partnerships Fund is in the process of being launched, working in different areas of the country to pilot different approaches to local partnership. Presenters emphasised the importance of VCSE involvement from the start of processes, not just at the delivery stage - the VCSE sector is seen as an equal and valuable partner.

Q4. How can we support local people to co-produce their ways of working? And how do we make sure this is realised?

NHS England is working closely with people with lived experience, as well as organisations such as SEUK, NAVCA, and the Richmond Group, to leverage existing networks and forums. The approach is to build on existing networks and evolve and develop existing ways of working rather than create new structures from scratch.

The NHS Citizen Advocacy Group brings together a wide range of lived experience groups and is part of this approach. NHS England is also working with the Health Inequalities Team in the development of National Neighbourhood Health Implementation Sites.

Q5. What are the current delivery timelines?

The timeline is based on capital guidance, with the aim of establishing 120 NHCs by 2030. Initial pipelines will be produced by ICBs by the end of May and reviewed in June. Market engagement around the PPP model is planned throughout the autumn.

Presenters were clear that this is not the end of all discussions on Neighbourhood Health - rather, it is the start of discussions around the first pipeline for Neighbourhood Health Centres.

The recommendation from DHSC is to get involved early.

Q6. How do we make sure the framework works for people who won't necessarily put themselves forward, but who will be among the most impacted by Neighbourhood Health?

It is critical that Neighbourhood Health approaches are developed on the basis of good information from population health management data, but also from community insights. Many people in inclusion health groups, or with learning disabilities, are not well represented in that data. This is where relationships with the voluntary sector are seen as key. The approach is joined-up, personalised, and proactive.

Key Takeaways - What to Do Now

The following actions emerged clearly from the session:

1. Engage with your local ICB now. The pipeline for the first wave of NHCs is being developed before the end of May 2026, with review in June. This is the window to make the case for your organisation's involvement - in service delivery, co-production, or estates.
2. Connect with your Health and Wellbeing Board. HWBs are expected to lead Neighbourhood Health locally. Building or strengthening these relationships now will matter for the longer term.
3. Review your impact evidence. The move towards outcome-based measurement and the development of the Neighbourhood Index is an opportunity. Consider how your existing data and case studies align with the emerging framework, including both quantitative metrics and qualitative evidence of community impact.
4. Watch for the Local Covenant Partnerships Fund. This new fund will pilot approaches to VCSE-local government partnership. Monitor announcements and consider whether your area or organisation is well placed to participate.
5. Consider your estate. If your organisation holds relevant estate, the NHC model and DHSC's work with the Office for the Impact Economy create a direct route for involvement. Civil society-held estate is explicitly valued within the framework.
6. Get involved early. The decisions being made now about the first NHC pipeline will shape what Neighbourhood Health looks like in your area for years to come.

Further Resources and Next Steps

DHSC committed to further engagement with the VCSE sector to deliver and continue to iterate the Framework. The following resources are referenced in this summary:

- [Neighbourhood Health Framework](#) (published March 2026)
- [Neighbourhood Health Centre Guidance](#) (published 15 April 2026)

- [Civil Society Covenant](#)

For questions about the webinar content or DHSC's work on Neighbourhood Health, please contact: NeighbourhoodHealthServiceTeam@dhsc.gov.uk

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