NHS
Central East
Integrated Care Board

Neighbourhood Health Teams: Mobilisation, Local Planning and Programme Summary

Companion document to the service specification – Working Draft, Version 15

Status	Companion summary. This document supports the Central East Neighbourhood Health service specification but does not form part of it. Nothing here is a commissioned service requirement.
Relationship to the specification	The specification (Parts One and Two) defines what will be commissioned from April 2027. This summary covers how the system gets there: mobilisation, local planning, dependencies, risks and the neighbourhood planning footprints.
Version and date	Version 15, 2 September 2026
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1. Purpose of this summary

The service specification sets out the outcomes, core functions and minimum requirements Central East ICB intends to commission. This companion document holds the supporting programme material that readers need but that does not belong inside a service specification: what has to happen between now and April 2027, what each Place and neighbourhood is expected to plan, what this work depends on, what could go wrong, and where the 47 neighbourhood planning footprints currently sit.

Detailed implementation activity sits in the separate Central East ICB Neighbourhood Health Enabling Action Plan. That plan addresses system-wide dependencies and does not replace local implementation planning.

2. Mobilisation towards April 2027

The specification describes the service required from April 2027. Activity during 2026/27 will prepare the system for mobilisation, validate the remaining evidence and operational assumptions, and resolve the contracting, workforce, data and governance dependencies.

The future service will be tight on shared purpose, agreed cohort criteria, core NHT functions and high-impact interventions; less restrictive on how providers deploy staff, organise workflow, run meetings and add local interventions; and tight again on common outcomes, accountability, data and assurance.

Mobilisation will work through current local authority, primary care and partnership arrangements. Neighbourhood footprints and governance must be capable of adapting as local government reform decisions are confirmed, without delaying preparation for the future model. Local plans should identify what is already working and build on existing good practice, so that the system scales and spreads rather than requiring each area to design its model from scratch.

Mobilisation workstream	Required output
Governance and contracting	Confirm the contracting vehicle, accountable provider or integrator, clinical and contractual accountability, financial framework and governance route.
Population and cohort	Confirm the final frailty criteria within the 47 neighbourhoods, DELPPHI deployment, the risk-stratification approach and interim data arrangements.
Core NHT offer	Confirm core membership, high-impact frailty interventions, specialist interfaces, workforce requirements and day-to-day operating expectations.

Mobilisation workstream	Required output
Assurance and engagement	Agree contractual and improvement measures, quality-assurance arrangements and structured resident, clinical, provider and VCFSE involvement before service commencement.

3. Local planning

In line with the national Neighbourhood Health Framework, each Place, working through its Health and Wellbeing Board arrangements, will produce and maintain one locally owned Place Neighbourhood Health Plan. This is the Place-level implementation plan.

Each neighbourhood or proposed Neighbourhood Health Team will maintain a concise operational delivery plan showing how it implements the Place plan and the requirements of the specification. Together these plans describe how the target operating model will be delivered locally: footprint, population profile, asset map, team structure, current services, priority cohorts, pathway interfaces, workforce contribution, governance, data, measures, resources, risks and milestones.

The required content of both plans is set out in Appendix A2 of the specification. Each Place must also identify the recurrent resources, non-recurrent transformation or enabling funding and existing schemes supporting implementation — including the funding source, value, purpose, duration, restrictions and sustainability arrangements when temporary funding ends.

4. Key interdependencies

The NHT foundation and frailty offer must be commissioned and mobilised alongside the work below. This list will be maintained as the wider Central East ICB programme develops.

Linked work	Required relationship with the specification
Advanced illness and end of life care	Align identification, care planning, escalation, hospice and specialist palliative care interfaces.
Hospital at Home and virtual wards	Define direct step-up, step-down and clinical accountability arrangements without duplicating the NHT.
Urgent Care Coordination Hubs and Integrated Urgent Care	Align access, triage, same-day response, out-of-hours arrangements and data flows.
Acute frailty and outpatient redesign	Agree how specialist input reaches neighbourhoods and which activity can safely move into community pathways.
Community services review	Clarify future community nursing, therapy, rehabilitation and provider responsibilities, including shared caseload management.
Mental health and dementia	Embed access to older people's mental health and dementia expertise across frailty pathways.
Primary care commissioning	Align GMS, PCN DES, local enhanced arrangements and any Central East ICB enhanced frailty offer.
Population health, business intelligence and digital	Align DELPPHI, clinical identification tools, shared care planning, information governance and reporting.
Local government reform and Place governance	Maintain coherent commissioning and partnership governance within each unitary-authority Place as future arrangements are implemented.
VCFSE, Healthwatch and resident involvement	Use local insight, community asset baselines and structured involvement to shape delivery and assurance.

5. Programme risks

These are the draft risk areas for programme review. They will be developed into a full risk register through the mobilisation workstreams.

Risk area	Potential impact and early mitigation
Workforce capacity and leadership	Variation in adoption and ability to deliver proactive care. Mitigation: named leadership, agreed partner contributions, clear roles, protected time for integrated working and joint capability development.
Data quality and interoperability	Inconsistent case finding, duplicated effort and inability to measure impact. Mitigation: agreed minimum dataset, local data support, common templates and information-sharing arrangements.
Siloed working and cultural change	Existing service boundaries may limit integration. Mitigation: team charter, shared outcomes, senior sponsorship, joint learning and operational problem solving.
Reactive pressure	Urgent demand may crowd out proactive work. Mitigation: prioritised cohort, protected time, streamlined access routes and visible measurement of preventive impact.
Gaps or duplication with linked programmes	Confusion for staff and for people using services. Mitigation: pathway mapping, Place governance, clear scope and ongoing coordination with urgent community response, Home First, end of life, care home and primary care programmes.
Equity of access	Some groups may be missed. Mitigation: use population health data and community insight, and monitor access and outcomes by geography and by protected and inclusion characteristics.
Unconfirmed contracting vehicle	Unclear contractual accountability or delayed mobilisation. Mitigation: early contracts, finance, quality and provider involvement; an explicit decision on SNP, MNP or another locally agreed route; and a clear mobilisation plan before service commencement.
Independent and private sector participation	Providers delivering health, care and housing support may not be fully integrated into local neighbourhood arrangements. Mitigation: early engagement and inclusion within planning, governance, pathways and mobilisation activity.

6. Review and next steps

The specification is a working draft. It will be reviewed following structured resident, clinical, provider, VCFSE, quality assurance and commissioning input during 2026/27 and before formal approval. Review will take account of lived experience, performance, equality analysis, operational learning, risk, national guidance and the outcome of the SNP/MNP consultation.

Following mobilisation, delivery and performance will be reviewed through the agreed contract management and local governance cycle. The overall model and its value will be evaluated over a minimum three-year period. Annual review may refine delivery and address risk or variation; it will not treat the model as a short-term pilot or expect full system benefits in year one.

The immediate next steps are: wider partner feedback and workshop testing at the Frailty Conference on 10 September 2026; finalisation of the population baseline, minimum dataset, measures, trajectories and DELPPHI reporting arrangements; development of the commissioning and contracting approach with providers and partners, including service alignment, accountability, resources and mobilisation; and revision following engagement, followed by the clinical, quality, commissioning and governance approvals required for service commencement from April 2027.

Annex — The 47 neighbourhood planning footprints

Central East ICB has identified 47 current planning footprints across its three geographies: 16 in Bedfordshire, Luton and Milton Keynes; 21 in Cambridgeshire and Peterborough; and 10 in Hertfordshire.

These footprints vary considerably in size and do not predetermine one Neighbourhood Health Team, one Primary Care Network or one SNP/MNP arrangement per footprint. Person-facing neighbourhood working may operate through one or more smaller groupings where this supports continuity and trusted relationships, while some functions operate across a wider footprint. The final configuration and terminology will be agreed through local planning and future commissioning and contracting decisions.

Bedfordshire, Luton and Milton Keynes

No.	Place	Neighbourhood	Population
1	Bedford	Rural North	29,853
2	Bedford	Central East	50,733
3	Bedford	Urban East	52,890
4	Bedford	Urban/Rural Southwest	66,022
5	Central Bedfordshire	West Mid Beds	70,931
6	Central Bedfordshire	Ivel Valley	91,652
7	Central Bedfordshire	Chiltern Vale	83,629
8	Central Bedfordshire	Leighton Buzzard	48,036
9	Luton	North West	61,981
10	Luton	North East	60,263
11	Luton	Central	75,039
12	Luton	South	72,593
13	Milton Keynes	North East	61,231
14	Milton Keynes	North West	109,468
15	Milton Keynes	Central & East	95,312
16	Milton Keynes	South	88,567

Cambridgeshire and Peterborough

No.	Place	Locality	Neighbourhood	Population
17	North	Huntingdonshire	A1	48,427
18	North	Huntingdonshire	Huntingdon	47,472
19	North	Huntingdonshire	St Ives	47,982
20	North	Huntingdonshire	St Neots	34,559
21	North	Peterborough	Boroughbury and Paston	47,865
22	North	Peterborough	Bretton Park Hampton	33,152
23	North	Peterborough	Central Thistlemoor and Thorpe	59,421
24	North	Peterborough	Peterborough and East PCN	60,886
25	North	Peterborough	Peterborough Partnerships	33,225
26	North	Peterborough	South Peterborough	64,258
27	North	Fenland	Fenland PCN	31,840

No.	Place	Locality	Neighbourhood	Population
28	North	Fenland	South Fenland PCN	25,603
29	North	Fenland	Wisbech PCN	50,270
30	South	Cambridge City	Cam Medical PCN	51,020
31	South	Cambridge City	Cambridge City 4 PCN	59,266
32	South	Cambridge City	Cambridge City PCN	52,301
33	South	Cambridge City	Cantab Medical Practices PCN	56,645
34	South	South Cambridgeshire	Cambridge North Villages PCN	52,727
35	South	South Cambridgeshire	Granta PCN	58,838
36	South	South Cambridgeshire	Meridian PCN	53,207
37	South	East Cambridgeshire	East Cambs	90,187

Hertfordshire

No.	Place	Neighbourhood	Population
38	East and North Hertfordshire	Lower Lea Valley	80,757
39	East and North Hertfordshire	North Herts	106,119
40	East and North Hertfordshire	Stevenage	116,877
41	East and North Hertfordshire	Stort Valley and Villages	70,658
42	East and North Hertfordshire	Upper Lea Valley	147,146
43	East and North Hertfordshire	Welwyn and Hatfield	114,261
44	South West Hertfordshire	Dacorum	178,841
45	South West Hertfordshire	Hertsmere	97,634
46	South West Hertfordshire	St Albans & Harpenden	166,739
47	South West Hertfordshire	Watford & Three Rivers	247,827