

Dear

We are writing on behalf of the One Eastern Devon (OED) Partnership to share some reflections on the emerging approach to neighbourhood health development in Devon, and to request an early conversation about how we move forward together.

We do so as a partnership that has been actively strengthening its own governance and structures during the current period of system change, precisely because we remain committed to our role in supporting neighbourhood health and reducing health inequalities across Eastern Devon. Our intention is not to question the direction of travel, but to ensure that the approach being developed draws fully on the experience, relationships and place leadership that already exist within Eastern Devon. It is important to underline that OED is strongly supportive of the neighbourhood health agenda, and of the ambitions set out in the 10-year plan and NHS England's Neighbourhood Health guidance.

The ICB's reference group materials describe neighbourhood health as *"a shared movement for change... creating space for collaboration and trust, drawing on lived experience to shape solutions that really matter."* That description closely reflects how OED understands its own purpose: connecting, listening and acting; building strong relationships, empowered individuals and resilient communities. However, we believe that some aspects of the emerging approach risk moving away from these principles rather than reinforcing them. In particular, we would highlight three areas.

1. The maturity matrix

In Eastern Devon we are working across up to 11 potential neighbourhood footprints, most of which are at early stages of development. Applying a detailed maturity framework uniformly across all of these areas risks creating a burden that works against the relational development that neighbourhood health depends upon. It is also unclear how such work could realistically be completed within the envisaged timescales.

National guidance on neighbourhood health has intentionally been short and permissive, allowing systems to build on local relationships and infrastructure. Sector commentary has warned against the risk of "unravelling perfectly good local solutions because official guidance requires a different approach." Our concern is that benchmarking maturity before the conditions for it have been established may be premature, and risks undermining the goodwill and energy that this work depends upon. We would therefore encourage the matrix to be applied flexibly and proportionately, as a tool to support development rather than to measure it prematurely.

It is important to emphasise that OED is a partnership rather than a formal organisation. It operates through the in-kind contributions of partners alongside a small amount of ICB support, and does not have a central resource or administrative capacity. People contribute to the partnership alongside their core roles.

2. Local ownership, engagement and leadership

The national evidence base is consistent: neighbourhood health works best where it is genuinely place-led, rather than centrally designed and locally implemented. As NHS England's own leadership of the Neighbourhood Health Implementation Programme (NNHIP) has emphasised, neighbourhood health does not simply mean neighbourhood-based; it means neighbourhood-led.

Research from that programme suggests that progress occurs when conversations shift from organisational remits to shared responsibility for a neighbourhood. The risk of neighbourhood health becoming primarily an NHS-led programme, with community and VCSE partners participating mainly as delivery partners rather than co-leaders, is well documented.

As NHS Devon moves towards a more strategic commissioning role from April 2026, operational leadership for neighbourhood health will inevitably need to sit closer to communities and place partnerships. Reviews of integrated care systems consistently show that more mature systems enable their place partnerships to shape priorities and drive initiatives within an agreed strategic framework.

Eastern Devon has spent several years building the kinds of relationships, approaches and cross-sector collaboration that national evidence now identifies as essential to neighbourhood health. The partnership already brings together health, local government, VCSE organisations and community voices in a way that reflects the very model national guidance is encouraging systems to develop. For that reason we were concerned that the emerging Devon prospectus, governance proposals and maturity framework appear to have been developed with limited engagement from the Eastern Devon Local Care Partnership. Local legitimacy and traction depend not only on the framework itself but also on the process through which it is developed.

The critical question is not simply how neighbourhood services are organised but who genuinely owns the work of improving health within a neighbourhood. Sustainable progress tends to occur where that ownership is shared locally across organisations and communities, rather than being defined primarily through system structures.

3. Funding and partnership infrastructure

Partners within OED have invested considerable time and relational capital developing ideas for how neighbourhood health might develop within Eastern Devon, grounded in local knowledge and existing relationships. That work was undertaken in good faith, particularly following the invitation in December for Local Care Partnerships to develop proposals for Year 1 neighbourhood health funding from April 2026.

The subsequent change in position has created uncertainty. This is compounded by the apparent confirmation that no Health Inequalities / PHM funding will be allocated to the Eastern LCP in 2026/27. This places a number of existing projects and roles at risk and removes the small OED backfill fund that has enabled VCSE partners to participate meaningfully in partnership work. Eastern Devon has been the only LCP in Devon to prioritise this type of investment in genuine partnership infrastructure.

Much of the national learning on neighbourhood health now highlights the importance of relational infrastructure: the networks of trust, collaboration and shared leadership that allow partners to act together at neighbourhood level. These are precisely the capabilities that OED has been working to develop. Our concern is that without some continuing investment, the partnership infrastructure that neighbourhood health depends upon may gradually fade.

Conclusion

We raise these points because the success of neighbourhood health will depend not only on system design but on the confidence and engagement of the partners and communities who will ultimately deliver it. Neighbourhood health cannot be delivered through institutional authority alone. No single

organisation holds authority across the clinical, social, community and voluntary dimensions that neighbourhood health must bring together. National evidence consistently shows that progress comes where systems work with and through place partnerships, rather than designing programmes centrally and asking local partners to implement them.

Over the past three or more years, OED has worked to build the relationships, trust, community connections and cross-sector collaboration needed to support neighbourhood health in Eastern Devon. We are also currently strengthening our own governance arrangements to ensure that the partnership can play a constructive leadership role at place level. We would therefore welcome an early conversation to explore how we can:

- ensure neighbourhood health development in Devon is genuinely place-led
- align the emerging Devon framework with the work already underway within Eastern Devon
- explore what support and approach the ICB is able to provide to sustain the critical partnership infrastructure that neighbourhood health requires

More broadly, partners within OED are keen to ensure that the progress made in building a genuinely collaborative place partnership over recent years continues to be recognised and supported. The relationships, trust and shared leadership that have developed across Eastern Devon represent a significant collective investment from organisations and communities alike and it models, in many ways, the approach that will be required to sustain neighbourhood working at a lower level.

We remain committed to working constructively with the ICB and other partners to ensure that neighbourhood health succeeds across Devon, building on the strong place-based foundations that already exist.

We would very much welcome the opportunity to discuss this with you at an early stage.

Jeff Chinnock
Fiona Carden
Co-Chairs, One Eastern Devon Partnership