

S SITUATION

On 17 March 2026 the Government published three documents that together set out the definitive national architecture for neighbourhood health:

Neighbourhood Health Framework (DHSC) — how ICBs, local authorities and HWBs must create neighbourhood health services

Population Health Delivery Models (NHSE) — new contractual and funding architecture from 2026/27

Local Outcomes Framework — national metrics for April 2026–March 2029

The Framework validates the arguments OED made to the ICB — and raises the stakes for how Devon and the LCP responds. Together they move neighbourhood health from vision to architecture — with clear expectations on governance, funding, outcomes and the role of place partnerships.

A ASSESSMENT

Three questions for OED:

1 Does the Framework vindicate our letter? Yes. The Framework backs OED's arguments on place-led development, co-design, VCSE infrastructure and community ownership almost point for point. The ICB conversation now has a stronger national policy foundation.

2 What does HWB design authority mean for OED? OED is the Eastern Devon vehicle through which the HWB shapes its neighbourhood health plan.

3 What about VCSE infrastructure and funding? The Framework makes relational infrastructure — trust, shared leadership, community connection — a requirement of neighbourhood health. Loss of HI/PHM funding in 2026/27 directly undermines it.

B BACKGROUND

The Framework is explicitly place-led and permissive:

It states that neighbourhood health cannot be centrally designed and locally implemented. HWBs are the design authority for neighbourhood health plans from 2026/27 — with communities, VCSE and local partners as co-designers, not delivery agents.

VCSE and community roles are structural, not optional:

The Framework explicitly requires VCSE organisations and communities to co-design neighbourhood health — addressing housing, employment, isolation and wider determinants alongside clinical care.

Outcomes span health and social care:

Metrics include ED attendances, non-elective admissions, residential care admissions, care plan coverage, discharge delays and experience — not solely NHS activity.

R RECOMMENDATION

The OED Board is asked to:

Note the Framework and confirm OED's letter reflects the right strategic position

Assert OED's role in HWB-led neighbourhood health planning — shaping the Eastern Devon plan, not receiving it

Use the Framework to reinforce the case for sustained VCSE and partnership infrastructure investment

Agree next steps for engagement with Devon ICB and the H&WB Board