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Neighbourhood Health and new contracting models – what this means for Community Pharmacy

What we will cover in this session

- An introduction to Neighbourhood Health and Integrated Neighbourhood Teams (INTs)
- An overview of new contracting models
- Explain why all this matters specifically for community pharmacy
- Highlight opportunities, current unknowns and risks
- Set out practical next steps, including working with local GP practices

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Neighbourhood health and Integrated Neighbourhood Teams

What do we mean by Neighbourhood Health?

- Neighbourhood Health is the cornerstone of the 10 Year Health Plan for England
- Neighbourhood Health means care and services organised around local populations, putting people at the centre of how health and care services are delivered
- In many areas, the local health system is already moving in this direction so this may not be new in your area
- It focuses on:
  - Prevention and early intervention
  - Supporting people with long-term conditions
  - Reducing health inequalities

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What do we mean by Neighbourhood Health?

- A neighbourhood footprint typically covers 30,000–50,000 people
- It should be defined around a natural community (neighbourhoods may have different footprints to current Primary Care Networks)
- They are designed to deliver joined-up, place-based care, delivered by a ‘team of teams’ made up of primary and secondary care professionals, community services and the voluntary sector, amongst others
- Health & Wellbeing Boards to play a key role in defining neighbourhood footprints

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What are Integrated Neighbourhood Teams?

- An Integrated Neighbourhood Team (INT) is a 'team of teams' bringing together:
  - GP practices
  - Community pharmacy
  - Community nursing
  - Mental health
  - Social care
  - Voluntary & community sector
- An INT plays a central role in improving health outcomes by working collaboratively to design care around individuals, families and communities, rather than organisational boundaries
- INTs will aim to prevent escalation and support people to stay well and independent at home, reducing hospital admissions and long-term care needs
- In the future, services may be commissioned at a neighbourhood level, although further NHS guidance on this is awaited

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Neighbourhood Health Centres

- Neighbourhood health centres (NHCs) are new local ‘one-stop’ health hubs bringing together GP, community, social care and other services
- NHCs are designed to make care easier to access, more joined-up and closer to home; they are part of the strategy to support the neighbourhood health model
- In time, NHCs will include wider services like debt advice, employment and family support and other voluntary sector support, and will be open 12 hours a day, 6 days a week
- The Government has set out plans to deliver 250 NHCs by 2035
- These will comprise a mixture of upgrades to existing buildings and new build centres

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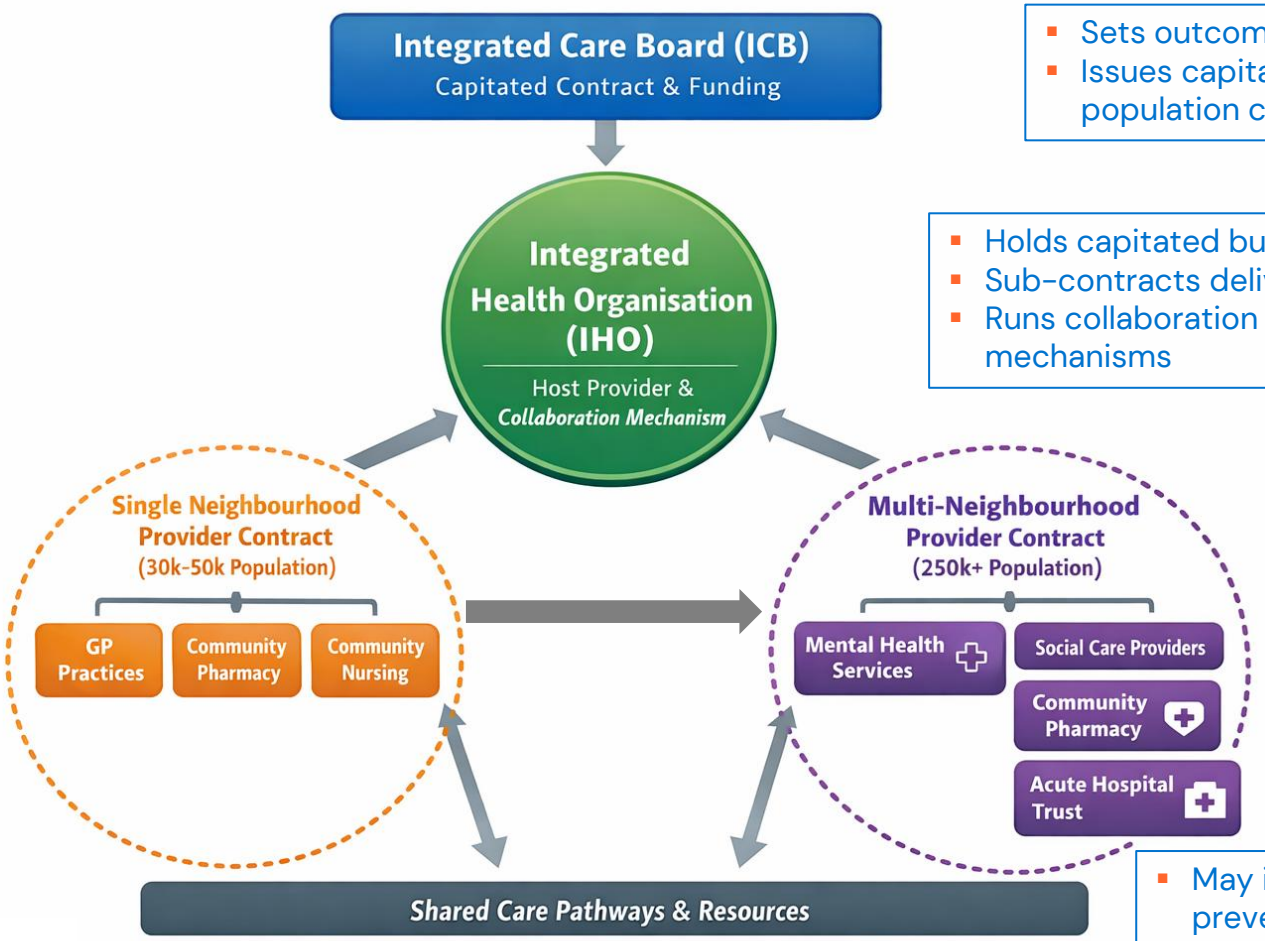
New contracting models

New (proposed) contracting models - overview



- Sets outcomes
- Issues capitated population contract

- Holds capitated budget
- Sub-contracts delivery
- Runs collaboration mechanisms

- Contract will be for enhanced services
- SNPs expected to deliver neighbourhood health services outside GMS and PCN-level DES

- Coordination of consistent service delivery across multiple neighbourhoods
- Will require sub-contracting or collaborative arrangements with SNPs

- May include medicines optimisation, prevention and LTC support, community-based interventions

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What is an Integrated Health Organisation?

- IHOs are integrated delivery models, **not new legal entities**.
- They are built around three core elements:
  - A **capitated contract** from the ICB covering a whole population.
  - The provider organisation holds the main contract and sub-contracts partner providers.
  - A locally agreed collaboration mechanism, supported by formal arrangements, ensuring shared decision-making.
- Their purpose is to improve population health, reduce inequalities, and shift resources toward prevention and community care.
- Typical population size: 250,000–500,000 people (place level); however up to 1–1.5 million in some systems.

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Purpose and structure of IHOs

- IHOs are **intended to address major NHS pressures**:
  - Rising demand due to **ageing population and long-term conditions** and need to shift resources toward prevention and community care
  - Fragmented commissioning and service delivery and misaligned incentives across organisations
- IHOs are likely to be a **high-performing foundation trust**, but local agreement with providers is key
- Pharmacy providers may be sub-contracted via other neighbourhood providers rather than directly by an IHO

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LPC Logo placeholder

What are Single and Multi-Neighbourhood Provider Contracts?

Single Neighbourhood Provider (SNP) Contract

- Covers a neighbourhood population typically of **30,000-50,000 people**
- Brings together providers to deliver agreed neighbourhood health services
- Focuses on prevention, proactive care and reducing health inequalities
- Builds on existing relationships within neighbourhood multidisciplinary teams
- **Contract holders must have access to the registered patient list**
- Envisaged to be an evolution of the PCN DES contract

Multi-Neighbourhood Provider (MNP) Contract

- Covers a larger footprint, usually **multiple neighbourhoods (250,000+ population)**
- Coordinates delivery of services across a place or locality
- Creates greater consistency, scale and efficiency
- Likely to be larger providers and may hold and manage contracts on behalf of multiple neighbourhood providers
- May take on **additional responsibilities**, e.g. **the medicines budget**

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National contracts are not in scope – GMS and CPCF continue

There is no new national funding to support these new contracting models

What do these contracts mean for community pharmacy?

- We still have more questions than answers – very little mention of community pharmacy in recent consultation
- Not yet clear how community pharmacy services 'fit' into these contracting models which are very GP focused
- Pharmacy providers may be sub-contracted to provide services by SNP / MNP contract holders
- Likely to see significant local variation when implemented which may be a challenge to navigate
- **Potential** opportunities in the future for new local service commissioning to meet population health needs and support neighbourhood priorities
- **There is ongoing commitment for national contracting via the CPCF for the foreseeable future**

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Community pharmacy’s role in neighbourhood health

Why Community Pharmacy matters in neighbourhoods

- Community pharmacy is a core neighbourhood clinical partner, not just a service provider
- Community pharmacy offers:
  - The most accessible health care advice and services to communities
  - Daily contact with local populations – we know our communities
  - Advice, education and signposting helping people find the right help more easily
  - Prevention and early action – reduces pressure on the wider system
  - Clinical care in the community through highly trained pharmacy teams delivering valued services such as Pharmacy First, New Medicine Service, Pharmacy Contraception Service, the Hypertension Case-Finding service and also improving medicines safety

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Opportunities for Pharmacy Owners

- Potential opportunities include:
  - Optimising national Advanced services delivery by integration into neighbourhood-level service pathways in:
    - Long-term condition management
    - Acute care
    - Prevention
- Stronger integration with GP practices and PCNs
- Improved visibility and influence within local systems – being ‘part of’ rather than ‘done to’
- Workforce development and skill mix expansion

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The ‘Known Unknowns’

- Current uncertainties include:
  - Variation between neighbourhoods across Integrated Care Systems
  - How consistently pharmacy will be included in INT governance and structures
  - Whether funding will follow activity or outcomes and who will control funding
  - Commissioning routes
  - Digital access to shared records and other digital developments to support integration
  - How workloads and responsibilities will shift between commissioners and providers

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Risks Pharmacy Owners need to be aware of

- Potential risks if pharmacy is not proactive:
  - Being seen only as a delivery route, not a clinical partner
  - Perceptions and myths about community pharmacy are not remedied
  - Unfunded workload expectations by other INT stakeholders
  - Decisions being made without pharmacy input
  - Increased pressure without system support
  - Missed opportunities to align services with neighbourhood priorities

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What good looks like for community pharmacy

- In a well-designed neighbourhood model:
  - Pharmacy has a clear role and voice
  - Work is commissioned, funded and valued
  - Data flows support safe, integrated care
  - Local relationships are strong and routine
  - Pharmacy services align with neighbourhood priorities
  - Advanced service delivery by community pharmacy is valued and supported in local care pathways

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Why GP relationships are critical

- Understanding GP views locally is essential to ensuring pharmacy is included meaningfully
- In an ideal world, your local GP practice will be your biggest supporter and advocate for community pharmacy
- GP practices will often:
  - Lead or strongly influence neighbourhood delivery
  - Shape local priorities and pathways
  - Control access to shared systems and governance

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Call to Action: Start local conversations

What we are asking pharmacy owners to do:

- Speak with local GP practices
- Ask:
  - What do neighbourhoods look like locally?
  - How do they see pharmacy contributing?
  - What gaps do they need help to fill?
- Share learning and intelligence back to the LPC

Don't assume alignment – explore it. Neighbourhood health is about joined-up care around a local population; work with GP practices, community services and other stakeholders you already work with to define how community pharmacy can contribute.

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How the LPC will support you

The LPC will:

- Represent community pharmacy in discussions about neighbourhoods – these may be with the ICB, Place or the neighbourhood directly
- Share intelligence and good practice
- Support relationship building with other partners
- Advocate for funded, sustainable pharmacy roles
- Keep pharmacy owners and their teams updated as models evolve

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Final message

Neighbourhood Health is:

- A significant system change
- **Potentially** an opportunity for community pharmacy
- A risk if we are passive and do not seek to be involved and understand local developments

Community pharmacy's influence and engagement within neighbourhood development will be determined by the conversations we have now.
Please seek opportunities to get involved.

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