Dorset Health and Wellbeing Board
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Neighbourhood Footprints
For Decision

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Report status: Public Choose an item.

1. Executive summary (maximum of 500 words)

1.1 Neighbourhood footprints to support Integrated Neighbourhood Team delivery are a key component of the NHS vision for delivering more coordinated, preventative and person-centred care closer to home. National guidance describes neighbourhoods as serving populations typically of between 30,000 and 50,000 residents, aligned wherever possible to natural communities, Primary Care Networks (PCNs) and existing local partnerships. Neighbourhood footprints should be meaningful to local people, informed by population health need, and designed to support integrated working across health, social care, public health and the voluntary, community, faith and social enterprise sector. The objective is to create sustainable local teams that can proactively improve outcomes, tackle inequalities and reduce demand on acute services through earlier intervention and better coordination of care.

In developing proposed Neighbourhood footprints for Dorset, partners have sought to balance national expectations with the realities of local geography, population distribution, existing service arrangements and community identity. NHS England expects neighbourhood footprints to be jointly agreed across the NHS, local authorities and wider partners, avoiding gaps or overlaps in coverage whilst supporting strong multidisciplinary team working. The proposed footprints have therefore been developed to reflect recognised local communities, existing Primary Care Network relationships where appropriate, and established links with community services, social care, public health and voluntary sector provision. Consideration has also been given to ensuring footprints are of sufficient scale to support effective

multidisciplinary teams whilst remaining small enough to maintain strong local relationships and knowledge of community needs.

The purpose of this paper is to seek Health and Wellbeing Board endorsement of the proposed Dorset Neighbourhood footprints. Agreement of a common set of footprints will provide the foundation for future integrated neighbourhood working, enabling partners to align resources, develop shared population health management approaches, support targeted prevention and equality initiatives, and strengthen delivery of care closer to home.

This paper considers the options for future Neighbourhood footprints and assesses them against criteria including delivery of integrated care, community identity, partnership working, health inequalities, financial impact, governance implications and implementation risk. The assessment concludes that retaining PCN-aligned Neighbourhood footprints as the primary operational geography for integrated service delivery represents the most practical and least disruptive approach. This option builds on existing integrated working arrangements, avoids significant organisational redesign costs, and maintains alignment with established NHS neighbourhood delivery models.

The paper further proposes that the Dorset Council Community Clusters should be recognised as a complementary geography for community engagement, local participation and understanding community priorities. This dual approach enables both organisations to maximise the strengths of their existing models whilst maintaining a shared focus on improving outcomes for residents.

2. Recommendation(s)

2.1 The Health and Wellbeing Board is asked to endorse a neighbourhood model that:

- Retains PCN-aligned footprints as the core geography for Neighbourhoods.
- Recognises Dorset Council Community Clusters as a complementary geography for community engagement and local collaboration.
- Supports alignment between organisations where beneficial whilst acknowledging that different footprints may be required for different functions.
- Focuses on improving population health, reducing inequalities and strengthening neighbourhood partnerships rather than achieving complete geographical alignment.

The neighbourhood footprints recommended are therefore (population number in brackets):

1. Jurassic Coast (37,576)
2. Weymouth and Portland (76,339)
3. Mid Dorset (51,736)
4. Vale and Gillingham (39,907)
5. Sherborne (22,955)
6. Blandford (23,288)
7. Purbeck (33,664)
8. Wimborne and Ferndown (42,127)
9. Crane Valley (36,130)

3. Reason for the recommendation(s)

3.1 This approach provides a pragmatic and sustainable foundation for delivering Dorset's neighbourhood health ambitions while respecting existing organisational arrangements and local community identities.

4. The report

4.1 NHS Dorset currently operates neighbourhood arrangements aligned to Primary Care Network (PCN) footprints. These represent mature geographies with established relationships between general practice, community services, mental health services, social care and wider partners. Dorset Council has developed Community Clusters as pragmatic groupings of town and parish councils to support community engagement, local decision-making and the Council's approach to community governance and double devolution.

Dorset Council Community Clusters are not intended to be service delivery or governance structures and that there is no expectation that all organisational boundaries align and it is recognised that different geographies may be required for different purposes and that these approaches can coexist to support a shared vision of neighbourhood working.

The recommended Neighbourhood footprint option is:

Option 1: PCN-aligned Neighbourhoods with Dorset Council Community Cluster Collaboration Layer

Description

- Neighbourhoods remain coterminous with PCNs.
- Neighbourhoods are grouped into broader place-based collaboratives aligned to Dorset Council Community Clusters where beneficial.
- Community engagement is undertaken through council cluster arrangements.

For example:

Level 1: PCN-aligned Neighbourhoods to enable delivery of Integrated Neighbourhood Teams (INTs)
Level 2: Dorset Council Community Clusters

Benefits

- Maintains NHS operational delivery model.
- Respects Dorset Council Community Cluster arrangements.
- Avoids major organisational disruption.
- Allows community representation at the appropriate scale.
- Supports the emerging neighbourhood health agenda.

5 Alternative options considered

5.1 **Option 2: Align Neighbourhoods to Dorset Council Community Clusters**

Description

- Redesign NHS neighbourhood footprints to match Dorset Council Community Clusters.

Benefits

- Alignment with parish and town council engagement.
- Supports wider public service integration.

Risks

- Significant NHS reorganisation.
- Potential fragmentation of existing PCNs.
- Disruption to primary care relationships.
- Potential mismatch with registered patient populations.

This would need a strong case because it introduces considerable change.

6. Legal considerations

6.1 The proposed Neighbourhood footprints are intended to support partnership working and do not in themselves create new statutory organisations or decision-making bodies. However, implementation will need to consider any consequential implications for governance arrangements, including existing Better Care Fund Section 75 contractual agreements, delegated commissioning functions, information-sharing arrangements and partnership governance structures. Where changes materially affect pooled budget arrangements or delegated functions, formal approval may be required through NHS Dorset Integrated Care Board governance processes and Dorset Council's appropriate decision-making route in accordance with its Constitution and Scheme of Delegation.

7. Financial implications

7.1 The proposed Neighbourhood footprints do not directly determine NHS or local authority funding allocations. However, the choice of footprint will influence the efficiency with which resources are coordinated across health and care partners. Retaining existing PCN-aligned footprints would minimise implementation costs by building on established governance arrangements, workforce models, population health management capabilities and integrated working practices. Conversely, the creation of new neighbourhood geographies would require investment in programme management, organisational change, stakeholder engagement, performance reporting and potentially amendments to existing partnership arrangements. A model that retains PCN-aligned Neighbourhood footprints while utilising Dorset Council Community Clusters for engagement and community-led activity is therefore likely to represent the most cost-effective option, maximising the value of existing investment while avoiding significant transition costs.

8. Natural environment, climate & ecology implications

8.1 The proposed Neighbourhood footprints do not involve changes to land use, physical infrastructure or environmentally sensitive sites and therefore no direct impacts on the natural environment, biodiversity or ecology have been identified. The development of effective neighbourhood working may provide indirect environmental benefits by supporting care closer to home, reducing unnecessary travel, promoting prevention and strengthening connections between health services, communities and local green assets. Any future service redesign proposals arising from the implementation of Neighbourhoods would be subject to their own environmental and sustainability assessment where appropriate.

9. Wellbeing and health implications

9.1 Neighbourhood footprints to support Integrated Neighbourhood Team delivery are a key enabler of Dorset's ambition to improve population health, reduce inequalities and provide more coordinated care closer to home in line with the national Neighbourhood Health Framework. The proposed footprints will influence how effectively partners work together. Retaining mature neighbourhood delivery arrangements while strengthening links with community-based assets and local engagement structures is expected to support continuity of care, improve integration between services and enhance opportunities for addressing the wider determinants of health. The proposed approach is intended to improve outcomes for residents by bringing services, communities and partners together around shared neighbourhood

priorities while maintaining a focus on reducing health inequalities and improving wellbeing across Dorset.

10. Other implications

10.1 The preferred option seeks to build on existing multidisciplinary team arrangements and established professional relationships, minimising disruption to the workforce. Any future changes to operational delivery models will be subject to appropriate workforce engagement and organisational change processes.

Existing digital, reporting and population health management capabilities are largely configured around current organisational footprints. Retaining established neighbourhood geographies minimises the need for system redesign and supports continuity of performance monitoring and population health management.

11. Risk implications

11.1 The principal risk associated with footprint redesign is the potential disruption to existing integrated working arrangements. Retaining mature neighbourhood relationships whilst developing complementary community engagement arrangements mitigates this risk and supports timely implementation of Integrated Neighbourhood Teams.

HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:
Current Risk: low
Residual Risk: low

12. Equalities

12.1 The proposed Neighbourhood footprints are intended to support equitable access to integrated health and care services and strengthen the system's ability to address health inequalities. Future development of neighbourhood arrangements will continue to consider the needs of protected groups, deprived communities, rural populations and underserved groups. An Equality Impact Assessment will be undertaken where required for any subsequent service changes arising from implementation.

13. Appendices

1. Recommended Neighbourhood footprints aligned to PCNs

2. Dorset Council Community Clusters