

Cheshire LMC Briefing for Members

New guidance on Neighbourhood Health Centres

NHS England have published new details and guidance on the Neighbourhood Health Centres (NHCs) programme ([NHS England » Neighbourhood health centres](#)). NHCs are intended to underpin a key aspect of the 10 Year Plan to move services out of hospitals into the community under the neighbourhood health model.

Background

The Government has set out plans to deliver 250 NHCs by 2035, with 120 of those by 2030. These will comprise a mixture of upgrades to existing buildings and new build centres. (note this is where the ICB Core/ Flex/ Tail ratings are important). Facilities that could be upgraded and reconfigured include existing GP, community, or other NHS buildings. High street premises, libraries, leisure centres, or other civic assets could also be repurposed.

The guidance says that NHCs are to aid delivery of multidisciplinary working and seamless collaboration, including across general practice, community services, social care, mental health, diagnostics, wider LA and public services, and civil society.

NHCs will be expected to be open at least **12 hours a day and 6 days a week** providing access to coordinated services locally. Outside of these hours NHCs could also be used for community activities.

Specifications including floor plans have also been published for the potential design, spatial requirements, and operational layout of NHCs. Whilst primarily intended to apply to new build schemes the guidance says that specifications should also be considered for upgrading existing buildings as NHCs.

As part of developing the neighbourhood health plan, **Health and Wellbeing Boards** will be agreeing the geography ('a neighbourhood') around which services should be delivered. ICBs and NHSE regions are required to align their proposals with this work, and plan for NHCs to serve a population footprint at a scale in line with the Neighbourhood Health Framework (around 50,000, recognising the need for local flexibility), with General Practice at the core.

The guidance emphasises the importance of effective utilisation and avoiding void space and, at the heart of this, appears to be a shift from traditional leasing structures, where providers have exclusive use of defined areas within a building (referred to in the guidance as an "unintegrated model), to shared space with booking systems overseen by centre managers and a building user group (an "integrated model"). Getting these booking arrangements right will need careful thought and good collaborative relationships between the various users (each with their own contractual obligations to fulfil) are likely to be key to the success of operating NHCs under this model.

The guidance does not specify who will own NHCs and act as the overarching landlord nor how recurring premises costs may be shared between the various stakeholders. (Separately NHSE has asked ICBs to seek to transfer leases of GP and other premises to NHS Trusts). GPs are of course familiar with funding under the Premises Cost Directions but this primarily supports and is based around traditional ownership and lease models of occupation. **New funding arrangements may be needed to support NHCs which will link to the development of Multi and Single Neighbourhood Provider contracts.**

William Greenwood
Chief Executive
Cheshire LMC
April 2026