

Supplement 1 to the agenda**Health and Wellbeing Board**

Monday 15 September 2025, 2.00 pm

Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE

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Neighbourhood Health Programme 2025/26

Herefordshire Health and Wellbeing Board – 15 September 2025

Joanne Hodgetts: Head of Integrated Primary & Community Services - NHS Herefordshire and Worcestershire Integrated Care Board

The approach for 2025/26



Identify population cohorts prioritised based on individual's needs and the opportunity for greatest impact from coordination of proactive, planned and responsive care: data & evidence driven



“A lot for a little” rather than “A little for a lot”



Engage with our communities and cross sector workforce



Buy in from all organisational boards & sector representatives



Build on our community strengths: focusing on what is strong, not just what is wrong

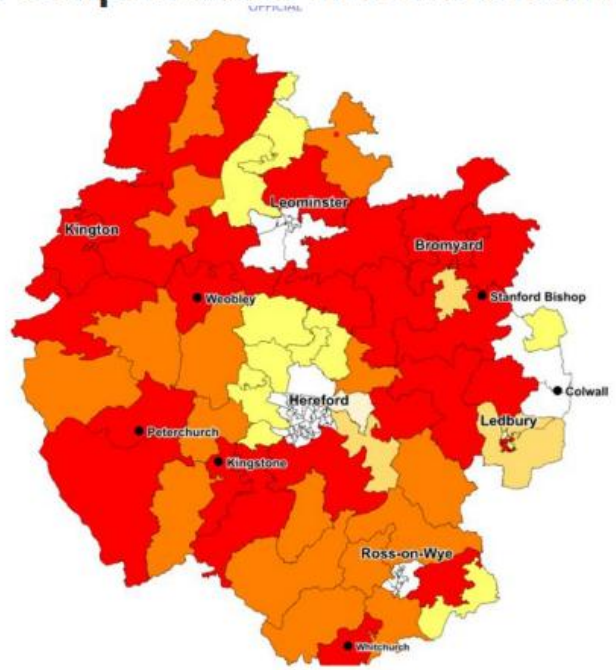


Agree & implement operational model – soft launch/PDSA Q3

Priority cohorts

Lower Super Output areas in Herefordshire (LSOA) 116

5



Demographic Filters

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LTC Filters

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Health level:4+ LTCs

Value/Coding Filters

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'Contacts' Filters

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Hospital Admissions:1 ~ 1

PCN

All

Practice

All

Population Demographic

Population Count

Population Percentage : 0.56%

1,147

Inactive Patients (This Year)

Inactive Percentage : 0.00%

3

Avg GP Consultations (This Year)

GP Consultations - Minimum : Maximum : 116

25.19

Average Age

Patient Age - Minimum : 24 Maximum : 101

75.89

Herefordshire Neighbourhood Health Programme

What have we achieved to date?

- Established Cross sector leadership & delivery group & working principles
- Shared learning – Northampton & Accelerator sites
- 4 Cross sector engagement events
- Identifying the cohort; Data validation exercises, PHM+
- What do we already know from our communities?
- Interconnecting strategies
- Drafted outcomes

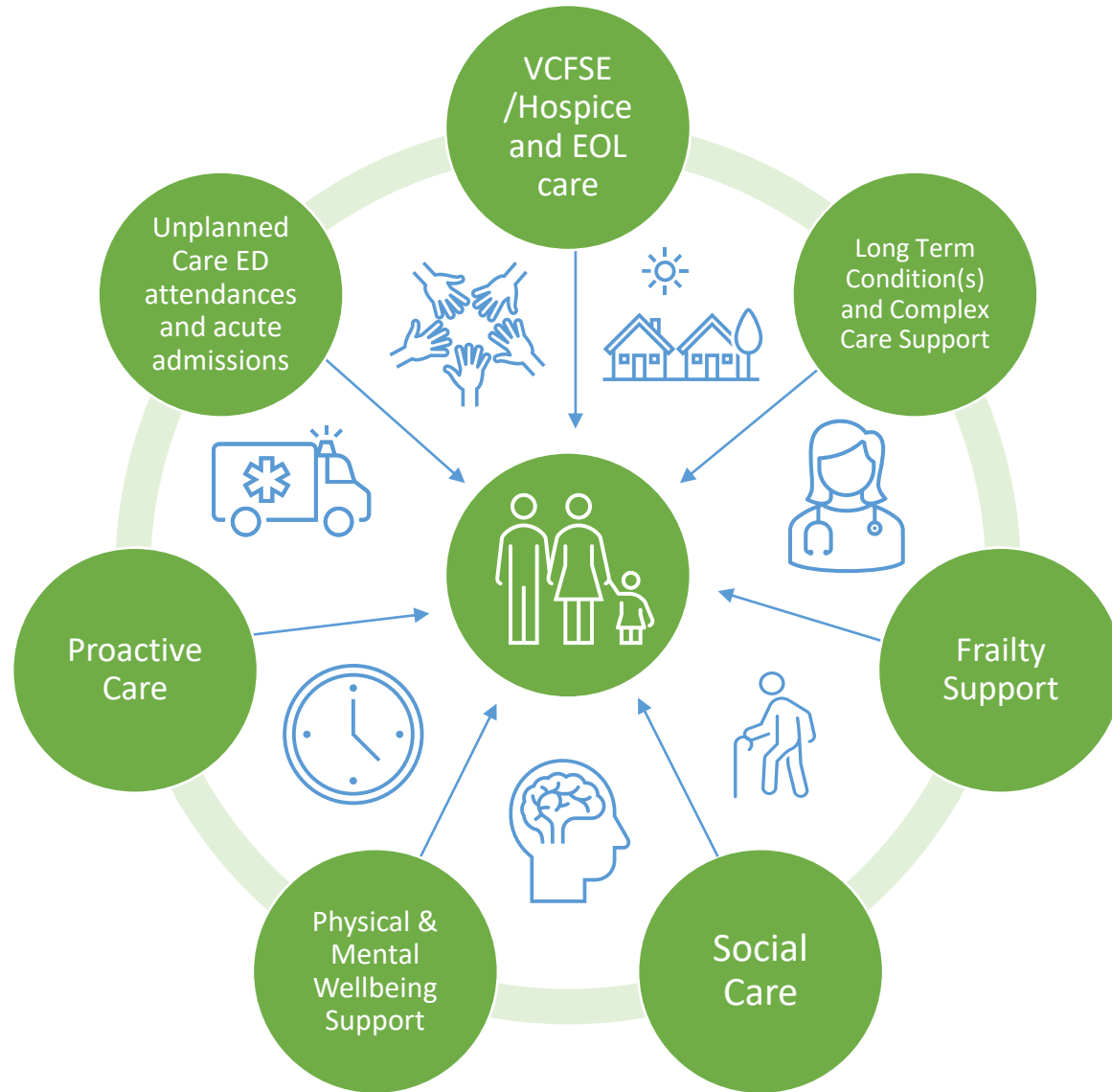
What's next?

- Communities & wider staff engagement
- Operational model design & establishment
- Launch with NHDF framework 1 Oct
- Boards endorsement



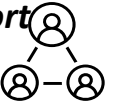
Working as Multi-disciplinary Neighbourhood Teams (MDNTs):

Supporting NHS 10 Year Plan and Fuller Stocktake



Patient:

"I have a team around me that will help me look after my own health and wellbeing. I also have a personalised care and support plan which respects my wishes and is just right for me and my support network."



What will you do?

- ✓ Plan and develop local health solutions
- ✓ Form a collaborative "Team of Teams" across organisations
- ✓ Work in equal partnership with staff and individuals, supported by a workforce development strategy to get better results
- ✓ Build a single Personalised Care and Support Plan
- ✓ Proactive Care, informed by local data
- ✓ Reduce the impact of health inequalities
- ✓ De-escalate urgent or unplanned care needs

Why are we doing this?

- ✓ Integrated working is better for patients
- ✓ More productive and responsive pathways
- ✓ Personalised care and support plans have better outcomes for patients
- ✓ To support a reduction in hospital admissions / crisis aversion
- ✓ Reducing health inequalities is a legal requirement

How can we do this?

- ✓ Strong leadership and comms
- ✓ MDT approaches
- ✓ Appropriate information governance
- ✓ Digital enablers that work for all
- ✓ 1H priorities and contractual levers (NHDF)

Vision: Empowering and proactive care approaches for people identified through PHM approaches to receive optimised health and care in the community that maintains their independence for as long as possible

Key Challenges

- Confidence - in data and benefits realisation
- Complexity and flexibility of the models being designed - risks alienating some groups if data is not a trusted representation of LSOAs and other data sources with clinical expertise
- Alignment of the NHDF
- Capacity - operational pressures & winter months
- Cultural shift - Integration of MDT teams from different provider organisations within Herefordshire
- Structural redesign - at pace at, strategic level
- Organisational redesign - at operational level
- Estates TBC (e.g. neighbourhood health hubs)
- Sustainability
- Additional layers of reporting / additional timescales from the EOI and COPD Bid

What will success look like?



Measuring what matters



Reduced 999 conveyance, ED attendances and emergency admissions, for identified cohort



Increased proportion of care provided at or near to home



Resident & carer experience & satisfaction (for identified cohort)



MDT member experience & satisfaction



Proportion of appropriate residents with increased confidence to manage living with their LTCs



Proportion of appropriate residents supported to live independently/at home for longer



Proportion of appropriate residents with respect form in place and ending life in preferred place

