



# Neighbourhood Health Programme 2025/26

Herefordshire Health and Wellbeing Board – 15 September 2025

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# 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



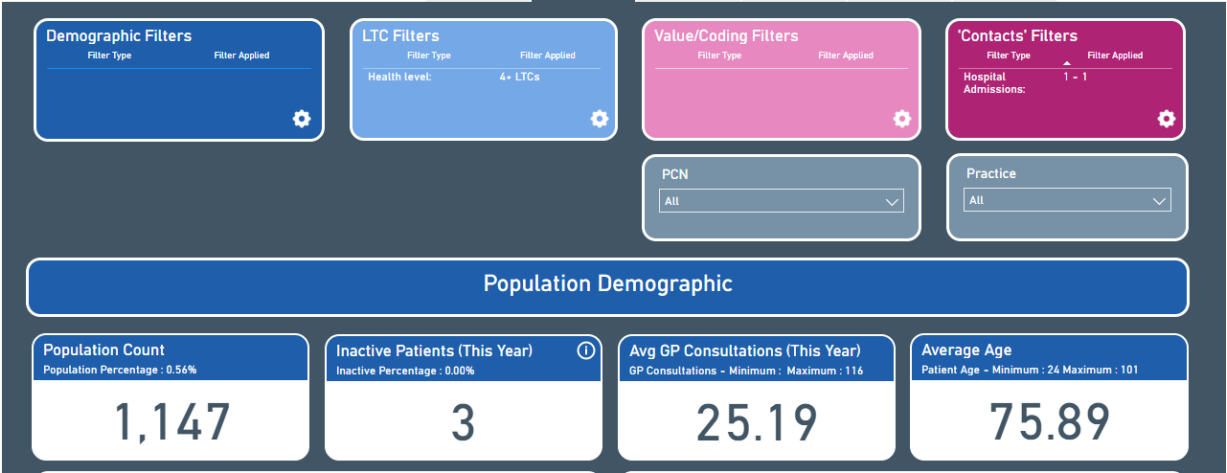
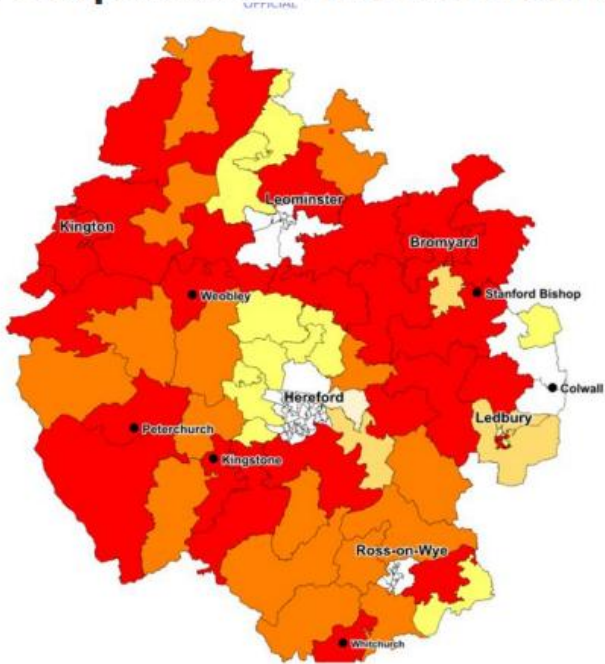
Build on our community strengths: focusing on what is strong, not just what is wrong



Agree & implement operational model – soft launch/PDSA Q3

# Priority cohorts

## Lower Super Output areas in Herefordshire (LSOA) 116





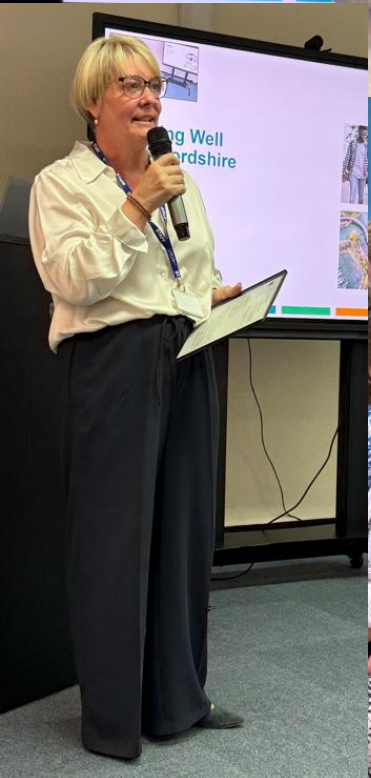
# Herefordshire Neighbourhood Health Programme

## 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



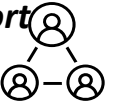
# Working as Multi-disciplinary Neighbourhood Teams (MDNTs):

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