Welcome to the NHS Neighbourhood Teams Conference

12th November 2026
etc venues Manchester, 8th Floor, 11 Portland Street, Greater Manchester, M1 3HU

NHTeams

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- **What it is** – A secure, year-round platform bringing NHS professionals together across six specialist communities.
- **Why it matters** – Stay connected beyond today's event, share challenges, and learn from peers facing the same priorities.
- **Your benefits** – Exclusive access to interviews, insights, best practice, and real-time discussion threads with colleagues nationwide.
- **How to join** – Simply scan the QR code, choose your community, and start connecting today.



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Stay Connected Beyond Today

Join the **HES Integrated Care, Patient Flow & Workforce WhatsApp Community** to stay connected with the people, ideas and conversations shaping this space. Receive relevant updates, access focused peer discussion groups, share practical insight and be first to hear about future events, resources and opportunities.

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Chair Morning Address



Gurnak Singh Dosanjh
GP & ICB Deputy Chief Clinical Information Officer
Leicester, Leicestershire & Rutland ICB

Keynote Presentation



Dr Kathy Smith
National Coach for Neighbourhood Health Implementation
in Rochdale, Greater Manchester
NHS South Central & West Commissioning Support Unit

Moving forward together

Simulation as an enabler in Neighbourhood Health implementation in Rochdale, Greater Manchester

From strategic conditions to practical multi-agency delivery



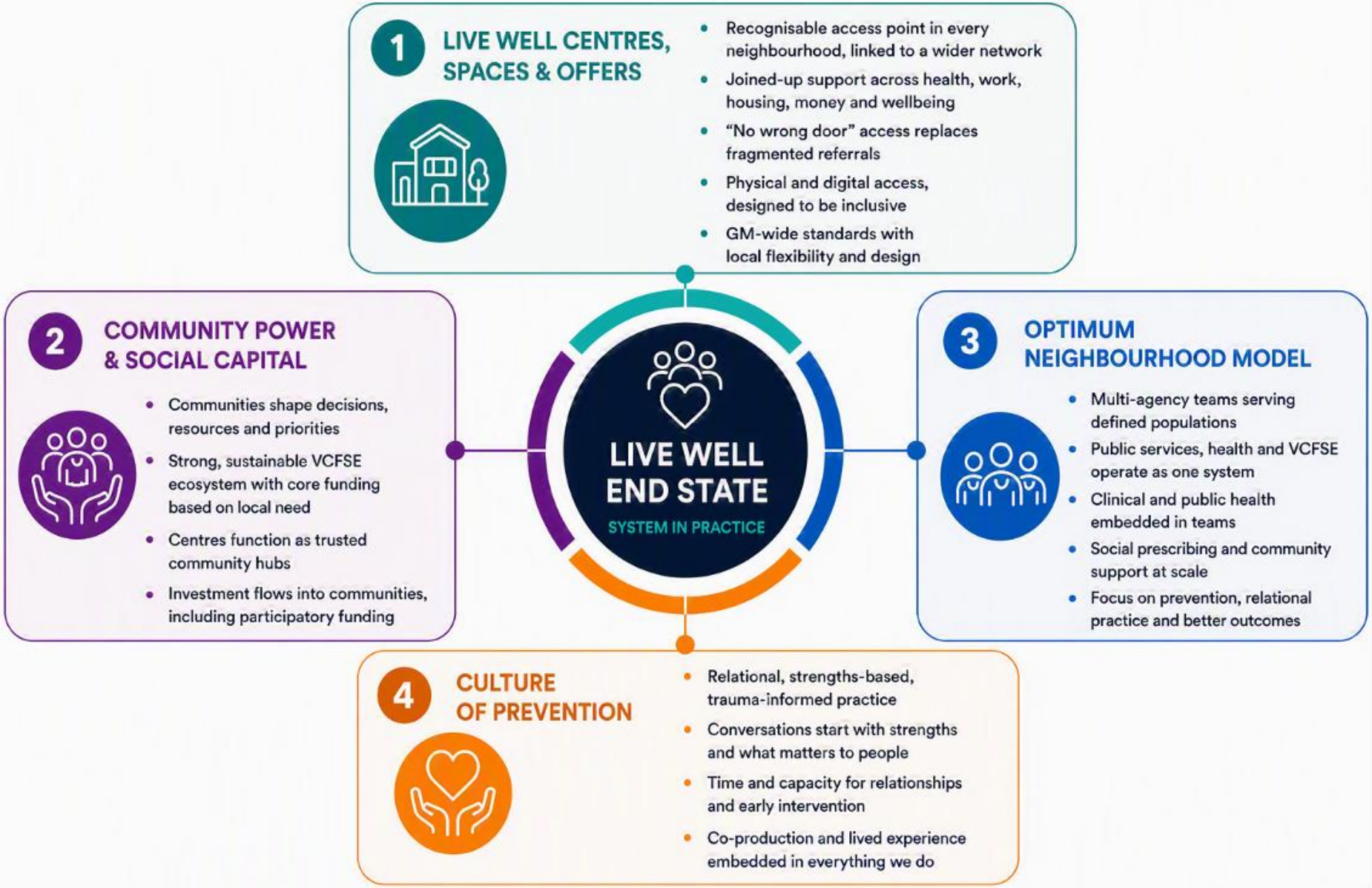
1. The neighbourhood model we are implementing

A place-based operating model, not a single service redesign

30k–50k **people per neighbourhood footprint**

WHOLE SYSTEM	Primary and community care, adult and children's social care, mental health, VCFSE and wider public services
PROACTIVE	Population health tools, risk stratification and proactive case-finding identify risk before crisis
INTEGRATED	Multi-agency teams coordinate current need and create plans to prevent future escalation
LOCAL	Local leadership, neighbourhood outcomes, prevention offers and increasingly aligned resources

The design intent: earlier, joined-up support that reduces escalation and reliance on acute or crisis services.


1
LIVE WELL CENTRES, SPACES & OFFERS
Recognisable access point in every neighbourhood, linked to a wider network
Joined-up support across health, work, housing, money and wellbeing
"No wrong door" access replaces fragmented referrals
Physical and digital access, designed to be inclusive
GM-wide standards with local flexibility and design
2
COMMUNITY POWER & SOCIAL CAPITAL
Communities shape decisions, resources and priorities
Strong, sustainable VCFSE ecosystem with core funding based on local need
Centres function as trusted community hubs
Investment flows into communities, including participatory funding
LIVE WELL END STATE
SYSTEM IN PRACTICE
3
OPTIMUM NEIGHBOURHOOD MODEL
Multi-agency teams serving defined populations
Public services, health and VCFSE operate as one system
Clinical and public health embedded in teams
Social prescribing and community support at scale
Focus on prevention, relational practice and better outcomes
4
CULTURE OF PREVENTION
Relational, strengths-based, trauma-informed practice
Conversations start with strengths and what matters to people
Time and capacity for relationships and early intervention
Co-production and lived experience embedded in everything we do

2. Rochdale's implementation conditions

The high-level enablers that convert ambition into neighbourhood delivery

Trust & shared leadership

Leadership for people and place, not organisational interests.

Community power

Participation, autonomy and decisions taken close to those affected.

Aligned operating model

Shared boundaries, co-location, joined strategic and operational conversations.

Insight & learning

Community knowledge, intelligence architecture and systematic learning cycles.

Prevention & resources

A clear Live Well vision, supported by resources and local financial-flow innovation.

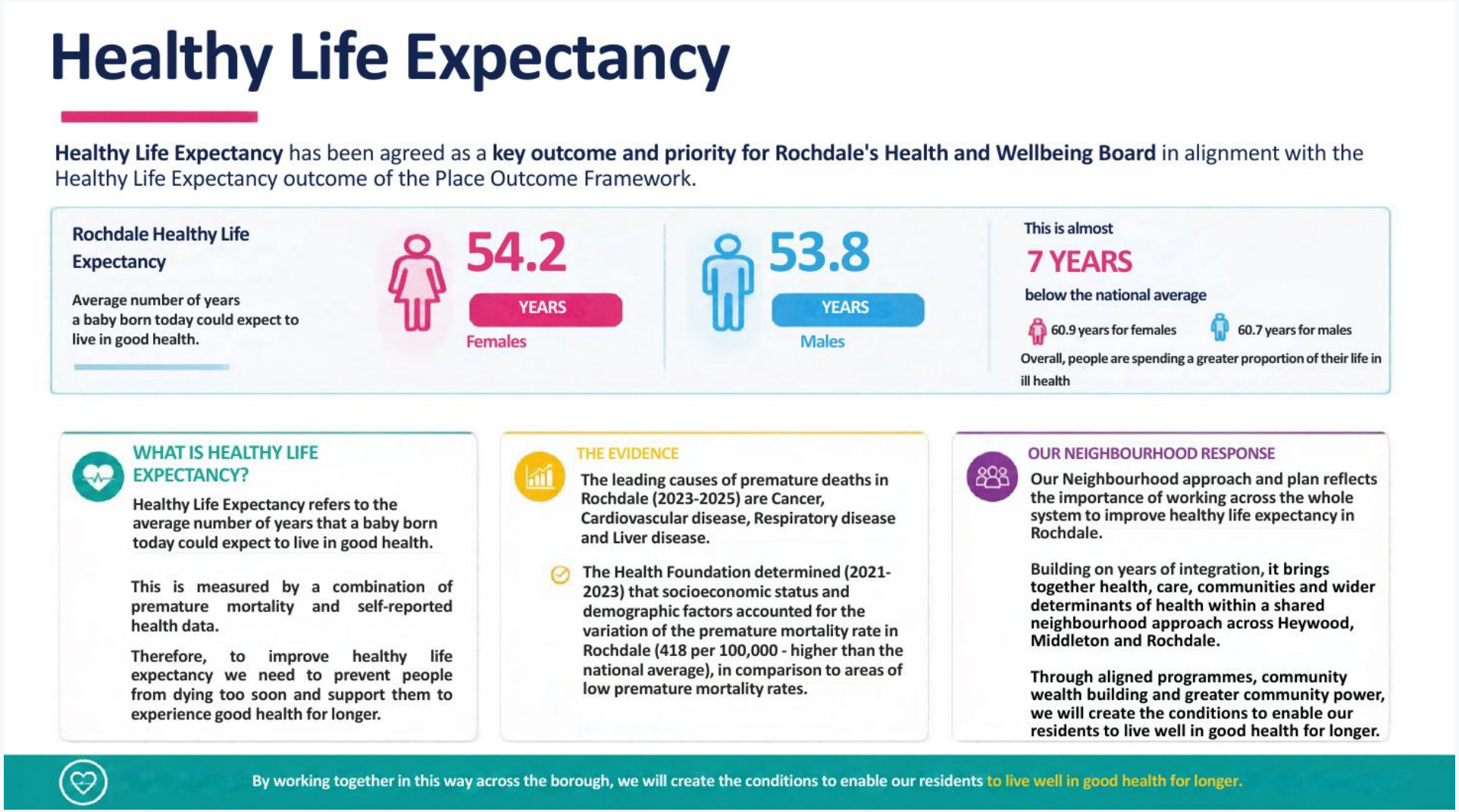
Relationships & safety

Mutual support, shared learning and psychological safety across partners.

Key message: Rochdale has strong foundations, but power, resources and practical autonomy still need to move closer to neighbourhoods and communities.

3. Why this matters in Rochdale

Neighbourhood delivery must respond to material inequalities and a growing burden of ill health



4. Local solutions and projects create the delivery platform

Rochdale's Co-operative Communities model connects people, place, services and community assets

Knowing our neighbourhoods

Combine data, service intelligence and community insight.

Remove barriers and create space for locally led solutions.

Community led, system enabled

Community teams

Connect public services, VCFSE and wider determinants around whole-person need.

CO-OPERATIVE COMMUNITIES

Community wealth

Use anchor power and local assets to retain value in communities.

Community power

Enable community decision-making, collaboration and capacity.

Simulation is the connective method: it lets these partners rehearse how the model works for real residents, across real interfaces, before implementation at scale.

5. Simulation turns integration into observable practice

A safe, structured way to test how multi-agency working performs at the points where care can fragment



1

Choose a priority resident journey

Use local population insight and community voice.

2

Run a realistic scenario

Bring frontline partners together across organisational boundaries.

3

Observe the work system

Test roles, hand-offs, information, escalation, tools and constraints.

4

Debrief and improve

Agree changes, owners and measures, then repeat the cycle.

Outputs: clearer roles • stronger team identity • safer pathways • faster system learning

6. Next steps: organisational development through simulation

Move from a one-off event to a repeatable neighbourhood learning system

0–30 days — **AGREE**

Select 1–2 priority pathways or cohorts; nominate a senior sponsor, design lead and evaluation lead.

30–60 days — **DESIGN**

Co-produce scenarios with residents, frontline staff and VCFSE partners; define learning objectives and baseline measures.

60–90 days — **TEST**

Run neighbourhood simulations; capture safety risks, role clarity, hand-offs, escalation and information-sharing issues.

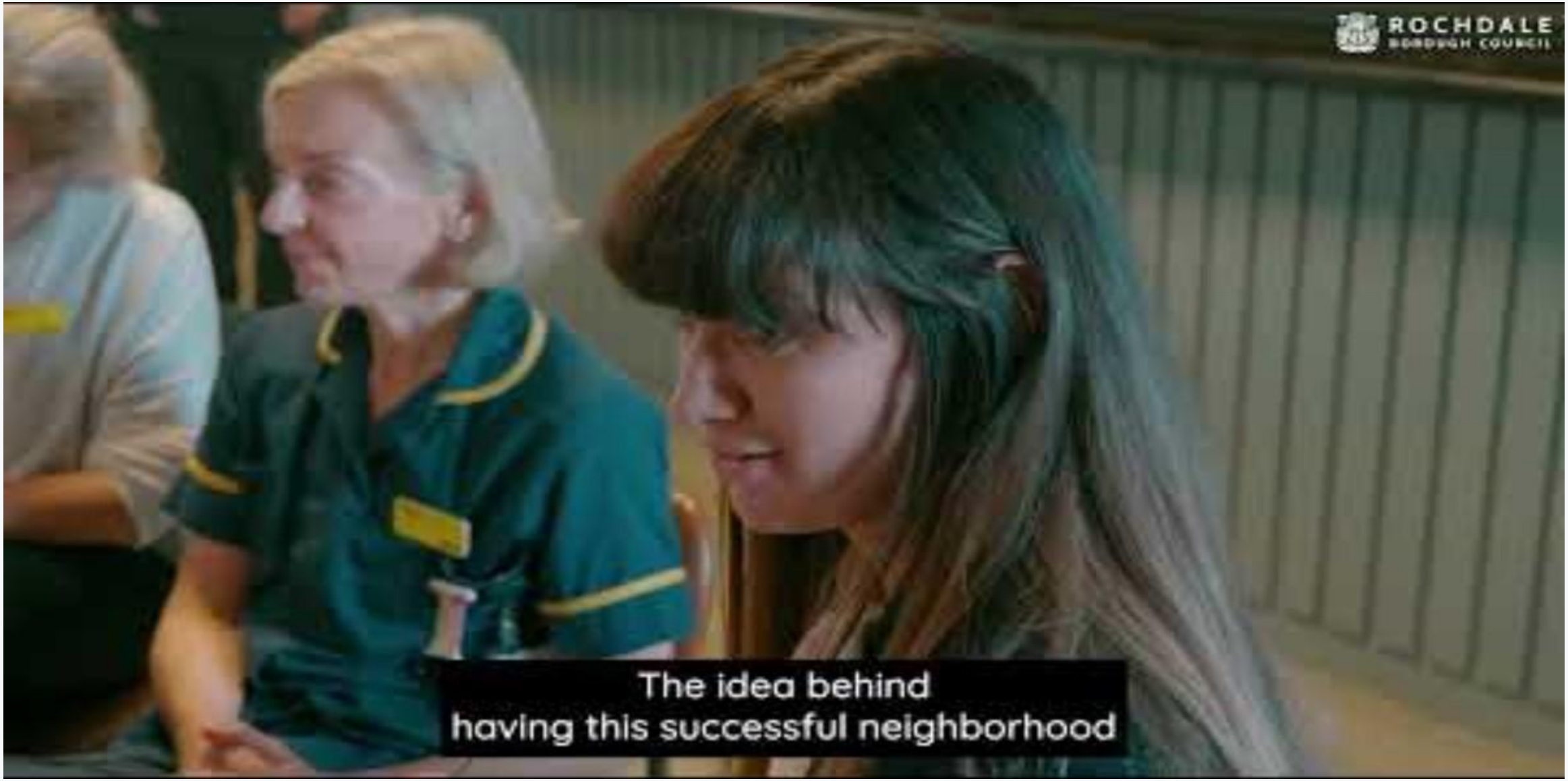
90+ days — **EMBED**

Translate learning into SOPs, workforce development and pathway changes; repeat quarterly and spread what works.



Take-home messages

- High-level enablers include leadership for place, community power, shared insight, relationships, aligned operating arrangements and resources.
- Local solutions and projects, including simulation, can make multi-agency working practical, testable and safer.
- **The next step is an organisational development offer that embeds simulation within regular test-and-learn cycles.**


ROCHDALE
BOROUGH COUNCIL
The idea behind
having this successful neighborhood

NHS Deep Dive



Ian Razzell
National Coach NNHIP
Arden and GEM CSU

Ian Razzell

Army Officer

Chief of Staff, Army Medical Services
Workforce and resource planning



Local Authority Cabinet Member

Strategic leadership on public health, well-being, housing, social care
highways and transport

NNHIP National Coach



Military experience in neighbourhood leadership

Military experience	Neighbourhood application
Workforce planning Army Medical Services leadership	Match team capacity to local population needs.
Medical planning Resources, dependencies and delivery	Agree who owns each action and what they need to deliver.
Leadership under pressure Multidisciplinary teams in uncertainty	Keep shared priorities clear and adapt as circumstances change.
Communication and coordination Strategic data and communications	Build trusted relationships and share information safely.

I brought disciplined planning to partnerships built on trust and shared ownership.

Meaningful neighbourhood leadership

Learning from Nottingham City and West Leicestershire

Ian Razzell
NNHIP National Coach



Two places, different neighbourhood contexts

Nottingham City

Diverse urban neighbourhoods

Nine PCN-aligned neighbourhoods, with footprints still under review.

INT pathfinders bring health, care and community partners around people with complex needs.

West Leicestershire

Mixed rural and urban communities

Just over 500 housebound people with COPD in the priority cohort.

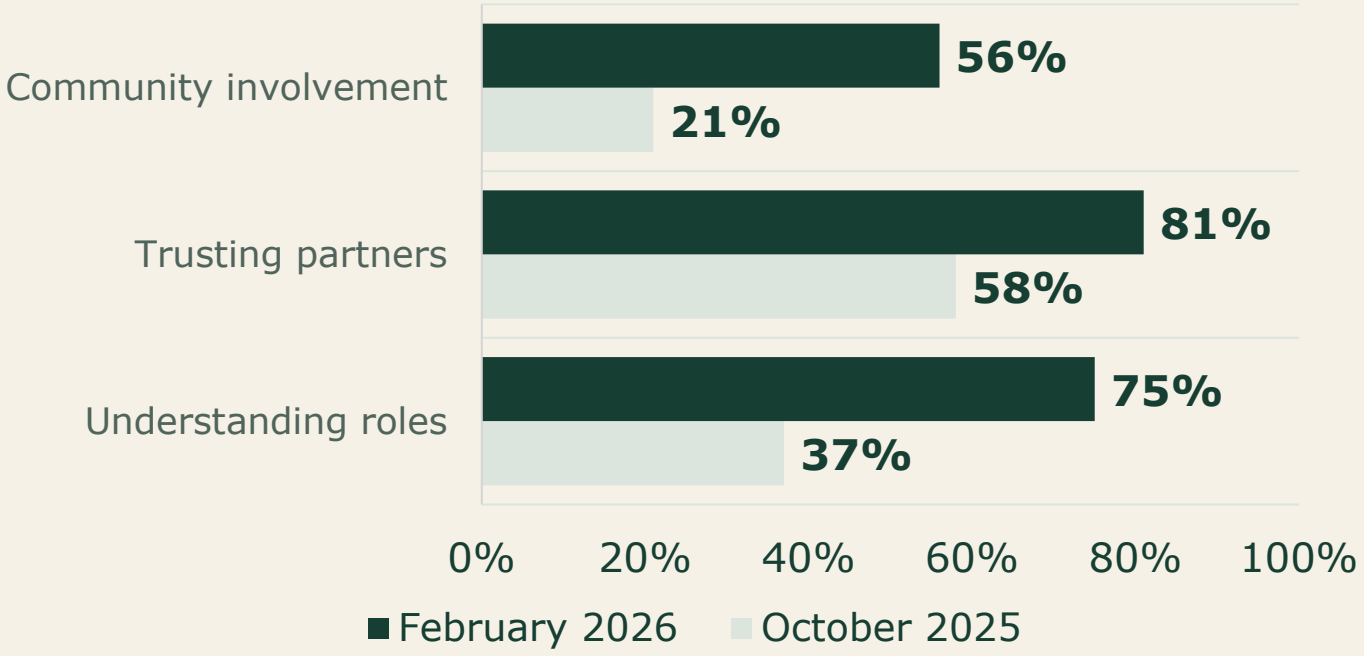
242 people supported as at September 2026.

Care coordinators convene MDTs and connect care with wider support.

Both reports describe stronger joint working. Capacity and shared information remain delivery constraints.

Partners reported stronger collaborative behaviours following leadership support

Nottingham City collective ratings



Agreement or strong agreement. 19 responses in October 2025, 16 in February 2026.
Small surveys of partner perceptions, not evidence of patient impact.

Working definition for discussion

A relationship in which residents and partners influence decisions and can rely on agreed support.

Can we name a shared priority?

Who follows through when support crosses organisations?

Our neighbourhood environment

Discussion lenses for a shared picture

People and lived experience

Who belongs here, and whose experience do we miss?

Place and access

How do homes, transport and local spaces affect daily life?

Community strengths

Where do people already find trusted support?

Services and decisions

Which teams, records and decision-makers need to connect?



Does our service footprint reflect the neighbourhood people actually experience?

Leading in a complex space

Shared purpose needs a clear route for decisions

Nottingham City used systems thinking to identify gaps in coordination and accountability.

Delivery

Who acts with the resident?

Coordination

How do teams resolve handovers and competing plans?

Oversight

Who clears barriers and agrees resource commitments?

Future direction

How do local learning and changing needs shape the model?

Shared purpose

Who agrees priorities and remains accountable to communities?

Adapted from Nottingham City’s use of the Viable System Model

My role as an NNHIP coach

I help partners take ownership of change across organisations.

A supporting role alongside local leadership and the people delivering care.



Convening partners

Bring different mandates around a shared neighbourhood priority.

Constructive challenge

Surface assumptions and invite voices that partners may miss.

Delivery conditions

Clarify commitments for governance, capacity and data access.

Following through

Help local leaders agree action and review progress.

Our next neighbourhood conversation around leadership

Which relationship would make the biggest difference for residents?

A shared vision gives the partnership a concrete reason to act together.

One resident priority

Agree what better support would look like.

The right partners

Include residents, carers and community voices.

An explicit commitment

Name the action, owner and route for resolving barriers.

A review point

Ask what changed for the person and what still needs attention.

Leadership values in neighbourhood working

Trust gives partners the confidence to act together

These values keep collaboration focused on residents as roles and services evolve.

Courage

Challenge barriers and make difficult decisions with residents' needs in mind.

Self-less commitment

Putting the team ahead of organisational interests and share resources / credit.

Loyalty

Honour commitments while welcoming challenge.

Integrity

Be honest about decisions, constraints and progress so commitments remain credible.

Respect for others

Value every contribution and give patients and community partners a meaningful voice.

Shared values make collaboration dependable across organisational boundaries.

Skills Clinic



Ian Binks
Business Development Director
Orion Health



Tobi Amadasun
Clinical Pharmacist & Partner
(Health Inequalities Lead)
Watton Medical Practice



Sarah Phillips
Chief Medical Officer & Local Coach, NNHIP
Kent Community Health NHSFT



Taimoor Hassan
Group Deputy Director – Digital Partnerships & Planning
Lincolnshire Community & Hospitals Group

Refreshments & Networking



Chair Morning Reflection



Gurnak Singh Dosanjh
GP & ICB Deputy Chief Clinical Information Officer
Leicester, Leicestershire & Rutland ICB

NHS Deep Dive



Dr Majid Akram
GP & Strategic Digital Lead
Primary Care Network Alliance Lincolnshire



Stephen Creasey
Group Deputy Director or Digital Services (Delivery)
Lincolnshire Community and Hospitals NHS Group



Kylie Farbrace
Director of Operations for Planned Care and
Group Chief AHP
LCHG



Taimoor Hassan
Group Deputy Director – Digital Partnerships & Planning
Lincolnshire Community & Hospitals Group

What we had to fix before our neighbourhood teams could work

Lincolnshire. One IT provision across primary care, community, mental health and acute.

Taimoor Hassan

Deputy Director – Digital Partnerships, Innovations and Planning

Kylie Farbrace

Group Director of Planned Care

Majid Akram

GP Partner, PCN Clinical Director, Strategic Digital Lead Digital Lead

Stephen Creasey

Group Deputy Director – Digital Delivery

“Neighbourhood” is doing four jobs at once

A geography.

A team.

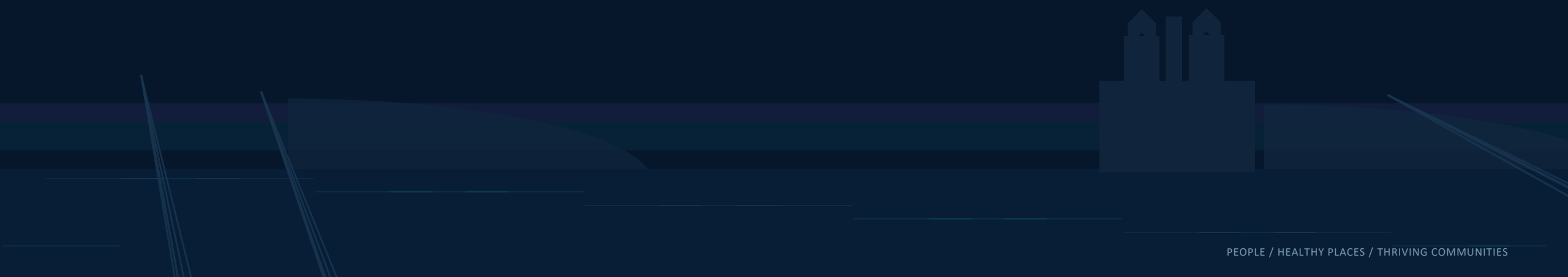
A model of care.

A policy instrument.

Most disagreements about neighbourhood working are two people using one word to mean two different things.

A team

Four organisations. One person.
Nobody holding the whole picture.



A footprint

The PCN boundary, the neighbourhood boundary and the practice list are three different shapes.
Patients respect none of them.

81

Practices

14

PCNs

1

Infrastructure

0

Patient safety incidents

Primary care, community, mental health and acute. One provision, one support model.

Believed to be the first in England at whole-system scale.

Digital wasn’t the project

It was the precondition for everything else.

8-month primary care transition · Mental health trust and 3,500 staff following

One common IT provision across the Lincolnshire system.

What we'd tell a system starting tomorrow

Check the plumbing before you plan the party

None of this was a digital project. It was a decision about how a place organises itself to deliver care.

Questions

Leadership Interview



Sarah Phillips
Chief Medical Officer & Local Coach, NNHIP
Kent Community Health NHSFT

Keynote Presentation



Chris Ley
Network Director
Tower Hamlets PCN 7 & PCN 8

INTs: Health integration in SE Tower Hamlets, national policy with a bottom-up approach!

Chris Ley - PCN Director

POPLAR & LIMEHOUSE HEALTH AND WELLBEING

South East Neighbourhood Team

HEALTHY ISLAND PARTNERSHIP


EastEnders
BBC
South East
Neighbourhood
Team

INTs: Health integration in SE Tower Hamlets, national policy with a bottom-up approach!



INTs: Health integration in SE Tower Hamlets, national policy with a bottom-up approach!

The principles of Neighbourhood Health are to:

- integrate services so that they are **organised around people's lives**

- improve long-term outcomes for people through a **focus on prevention**, relying less on expensive crisis management

- **devolve power to local areas,** which understand the needs of their communities best, with services that are designed with and for people, in partnership with civil society and the impact economy

Ministerial forward Neighbourhood health Framework (March 2026)

INTs: Health integration in SE Tower Hamlets, national policy with a bottom-up approach!

Minimum expectation that all ICBs must meet from 2026–2029:

1. **Improving health outcomes for high priority cohorts such as people with frailty, care home residents and those with long term conditions.**
2. Improving access to general practice, including faster, more reliable same day access.
3. Enhancing planned care and cancer care, ensuring smoother experiences and better coordination.
4. Improving urgent and emergency care, particularly through alternatives to hospital based provision.
5. Boosting patient and staff satisfaction, recognising the workforce is central to transformation.

Neighbourhood health Framework (March 2026)

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South East Neighbourhood Team

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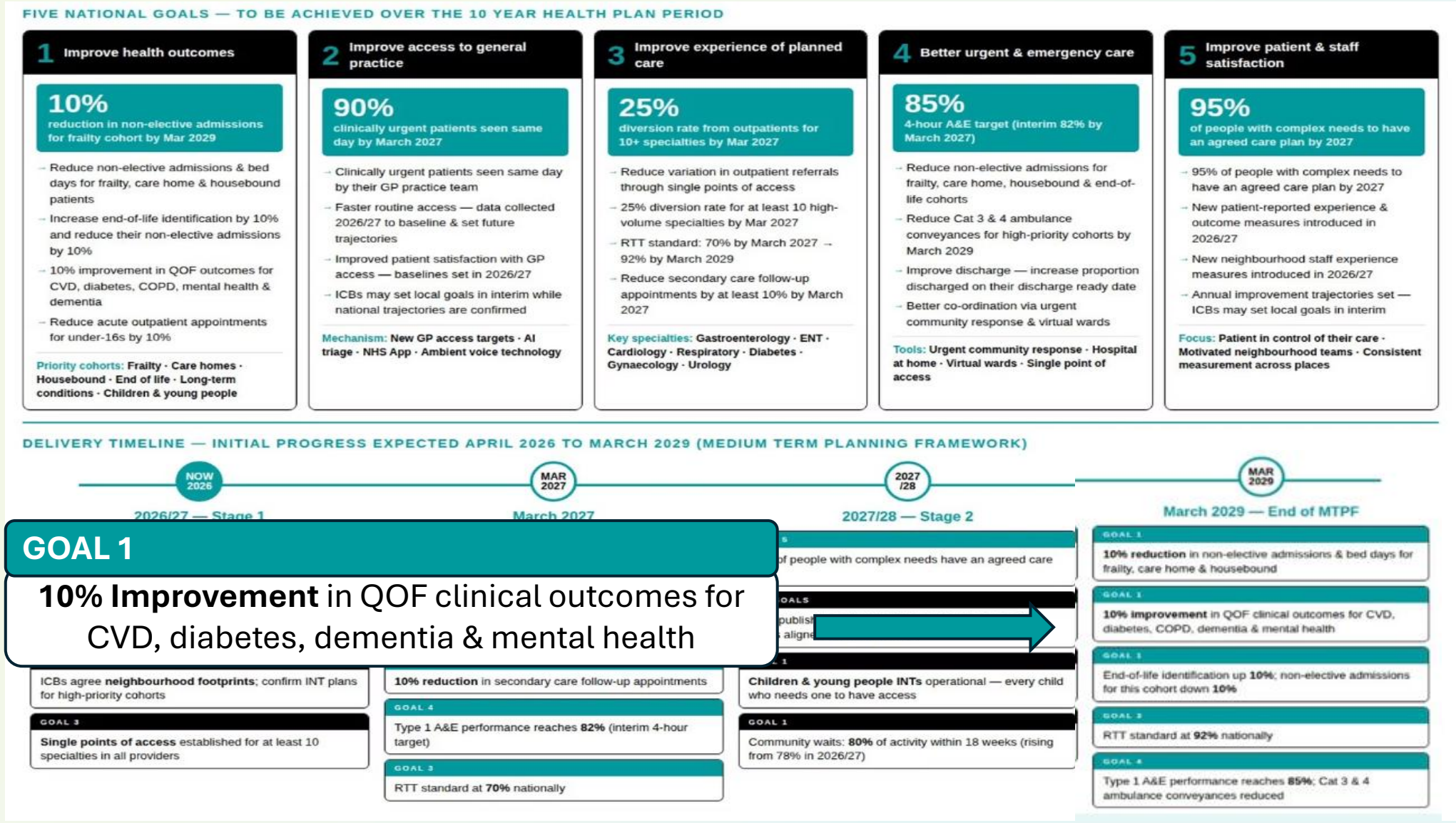
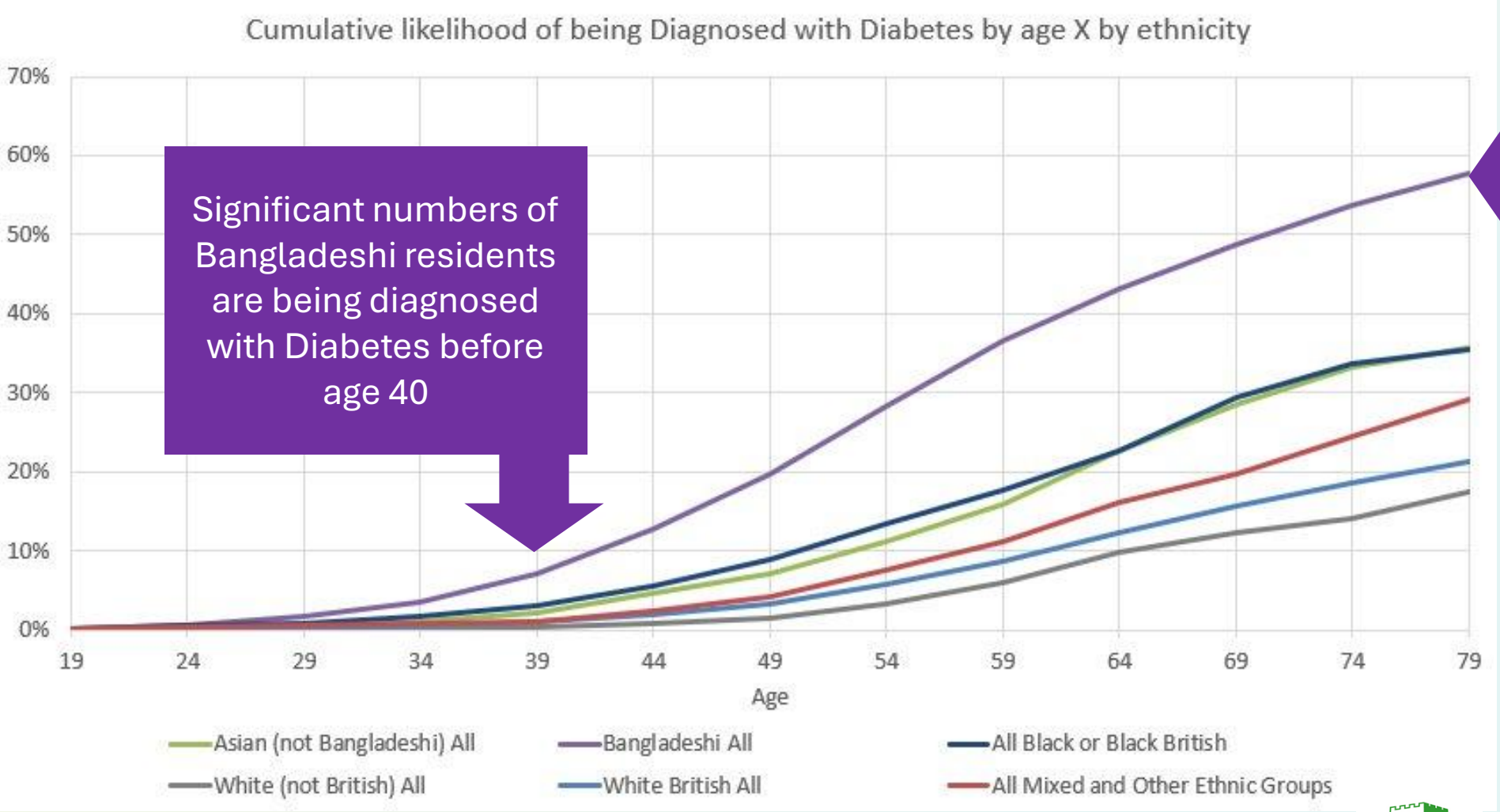
The Neighbourhood Framework (5 National Goals and Timelines)



@THC PRIMARY CARE

Data shows Bangladeshi background residents (our largest ethnic group) have highest type 2 diabetes in Tower Hamlets



Significant numbers of Bangladeshi residents are being diagnosed with Diabetes before age 40

In Tower Hamlets, likelihood of having had a diagnosis of Diabetes by age 70, is approximately **3x higher for Bangladeshi** than for White British residents **and 50% higher than other Asian and Black residents**

Diabetes profile: statistical commentary, March 2025 - GOV.UK

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South East Neighbourhood Team
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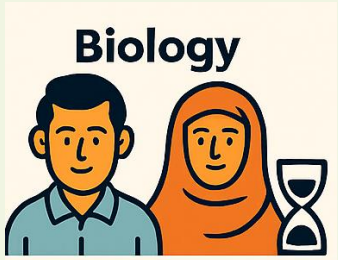
Why Bangladeshi background people are at greater risk of type II Diabetes



Our South Asian community have a higher **genetic** predisposition to type 2 diabetes (Hodgson et al, 2024)



The average Bangladeshi contains **diet** 50kg of rice (which quickly converts to sugar in blood) per person per year - double amount eaten by Indians and Chinese people. (World Population Review, 2022)



This diet is designed for heavy agricultural work where calories are quickly burnt. In UK Bangladeshis have relatively low incomes from more sedentary service jobs which reduces access to healthy food, physical activity and healthy **environments**

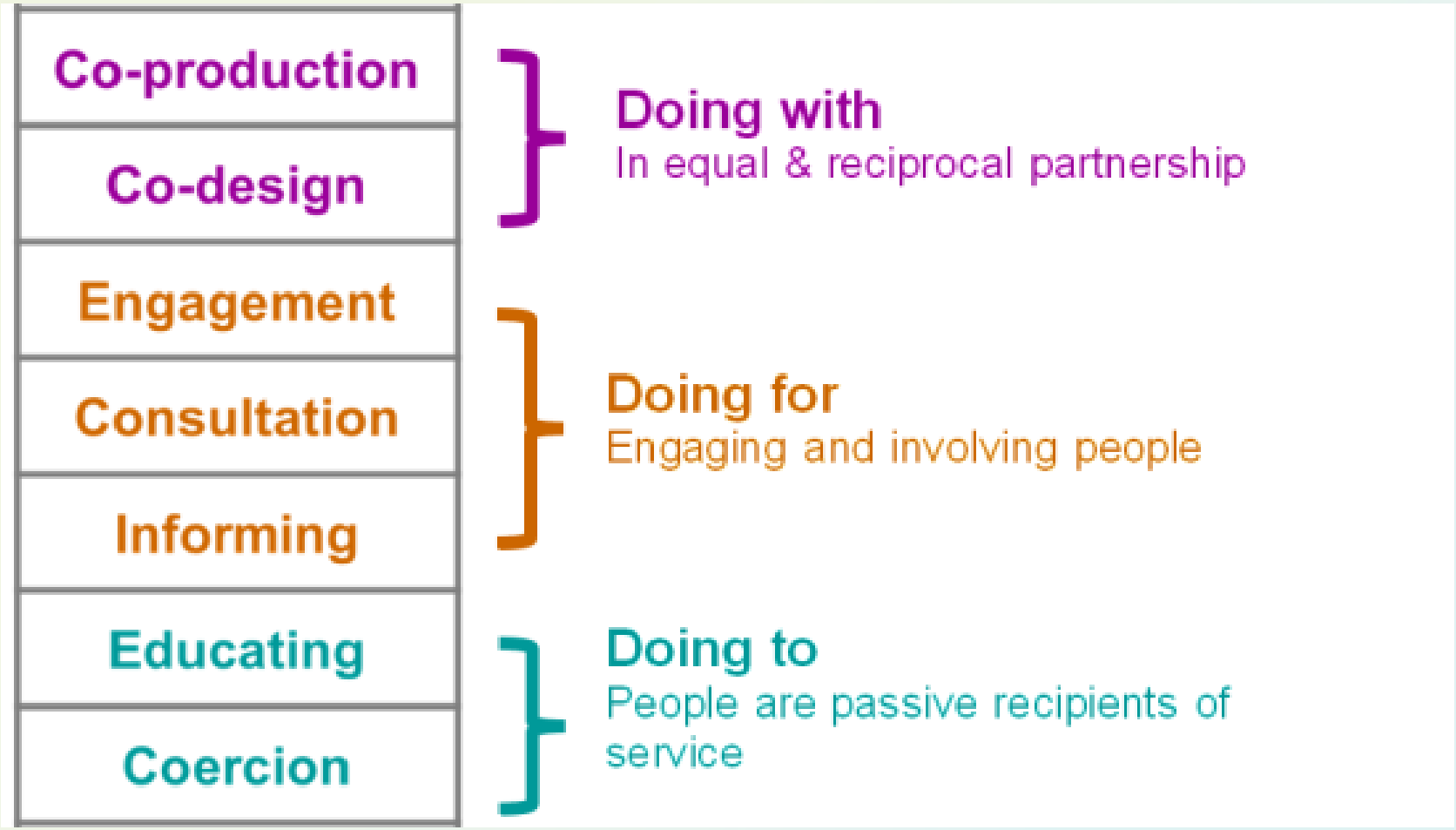


From age 11 into adulthood Bangladeshis in Tower Hamlet are more likely to have **excess weight and be physically inactive** (Weight Programme) (EDITH) (London Sport report).


HEALTH
RISK


STOP

Community power - degrees of involvement



INTs: Health integration in SE Tower Hamlets, national policy with a bottom-up approach!

Local Health System:

- General Practice
- Barts Health
- ELFT,
- Local Council
- Voluntary, Community, and Social Enterprise (VCSE)

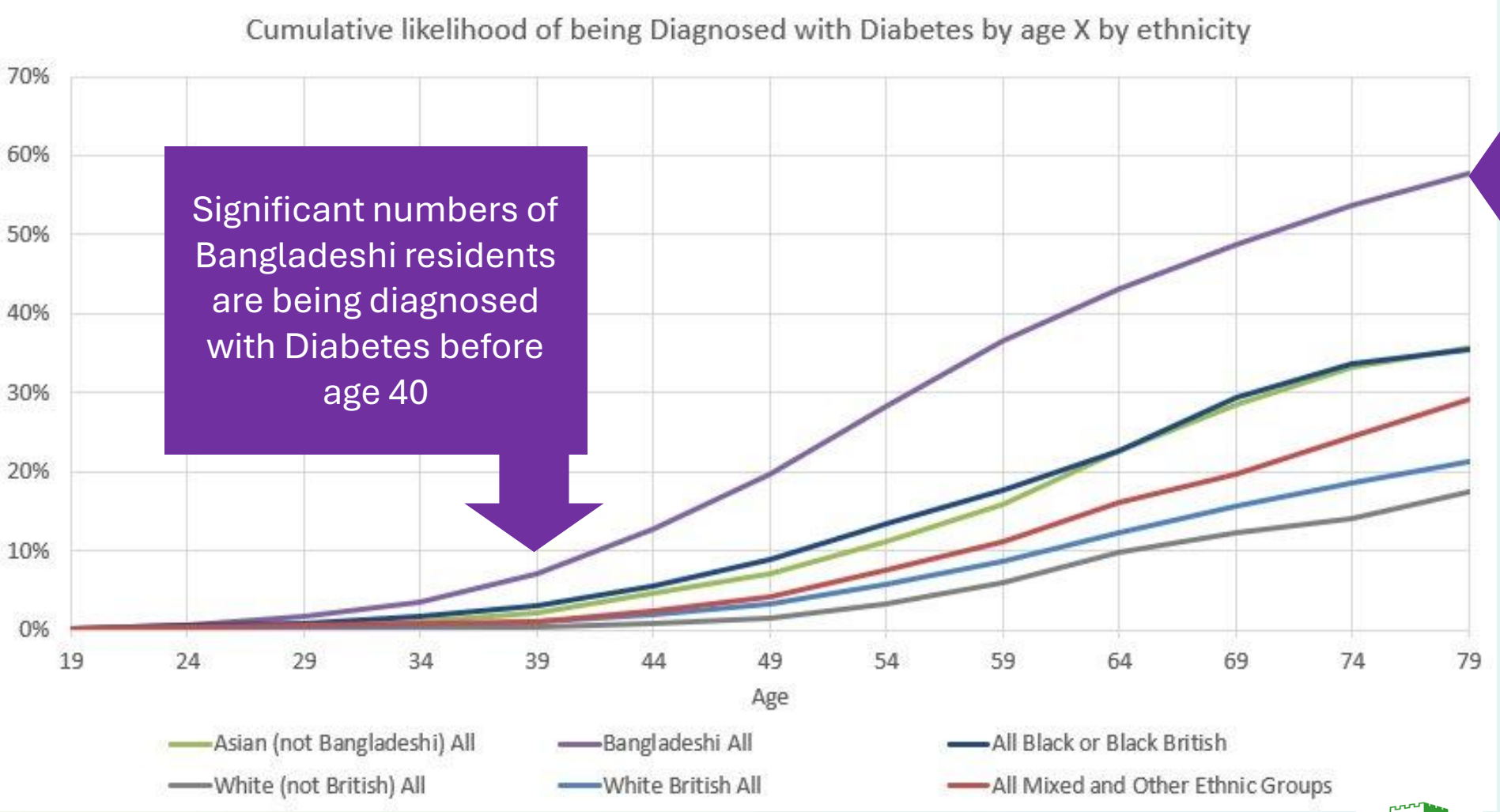
Easy Read Checklist for Community Involvement in Tower Hamlets Neighbourhoods

A simple guide for everyone

This checklist helps you join in with local health projects and have your say.

Partnership and coproduction	❑ Be clear about why you are working together and what issues you will work on. ❑ Say how you will work with others as equals. ❑ Explain how you will sort out disagreements. ❑ Make sure everyone knows who decides in the end.
Community engagement and insight	❑ Know your neighbourhood. Find out what your area is like, who lives there and who is affected. ❑ Meet trusted people. Talk to leaders, groups, and residents. ❑ Let different groups share their ideas. ❑ Include everyone. Use fun ways like drama or art to get more people involved.
Representation	❑ Make sure all groups affected by the problem are involved. ❑ Ask local people to help in working groups. ❑ Work with local voluntary groups. Let them help run your project.
Training and capacity building	❑ Build local leaders by helping people learn to lead and work together. ❑ Give skills and teach people how to speak up at meetings. ❑ Remember past feelings. Some people may feel upset because they were let down before.
Reward and recognition	❑ Respect what people know and their time. ❑ Reward everyone fairly. ❑ Provide refreshments - offer drinks and snacks for meetings.
Communication, accessibility and inclusion	❑ Make things easy to understand. ❑ Use different ways to share information. Write, talk, use Whatsapp and video. ❑ Meet in local places. Pick times and places that suit most people. ❑ Help with communication. Make sure someone can help explain things at meetings. ❑ Keep in touch. Talk regularly to everyone involved.
Feedback and accountability	❑ Show change. Tell people what has happened: 'You said, we did'. ❑ Give updates. Let people know what is going on ❑ Be honest about changes. If things change, explain why.
Test, learn and evaluate	❑ Find out what worked. Check what was good and why. ❑ Look at feedback. Read and talk about what people say about the project. ❑ Meet once a year. Get together to think about what worked well. ❑ Use this information to think about what to do differently in the future.

Data shows Bangladeshi background residents (our largest ethnic group) have highest type 2 diabetes in Tower Hamlets



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INTs: Health integration in SE Tower Hamlets, national policy with a bottom-up approach!

In response to data, in September 2025 our Public Health Team convened a borough-wide Bangladeshi background resident panel and wider stakeholders (NHS, VCS, LA)



and co-produced a graphic facilitated map of the blockages, assets and potential solutions to type 2 diabetes prevention and management

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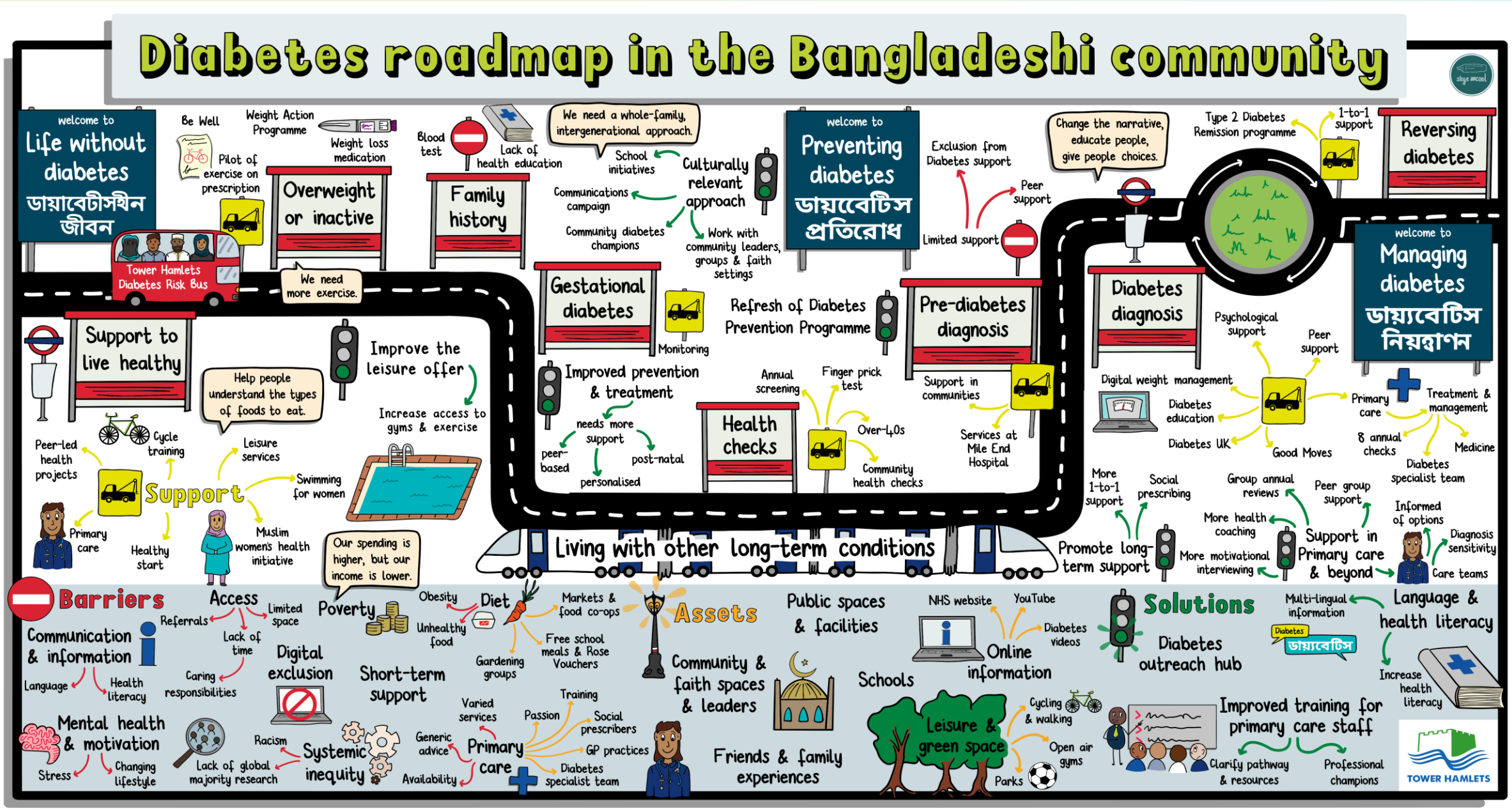

INTs: Health integration in SE Tower Hamlets, national policy with a bottom-up approach!







Locally - workshops and engagement with stakeholders and residents with lived experience -

Helped us to fashion three priority areas around Diabetes

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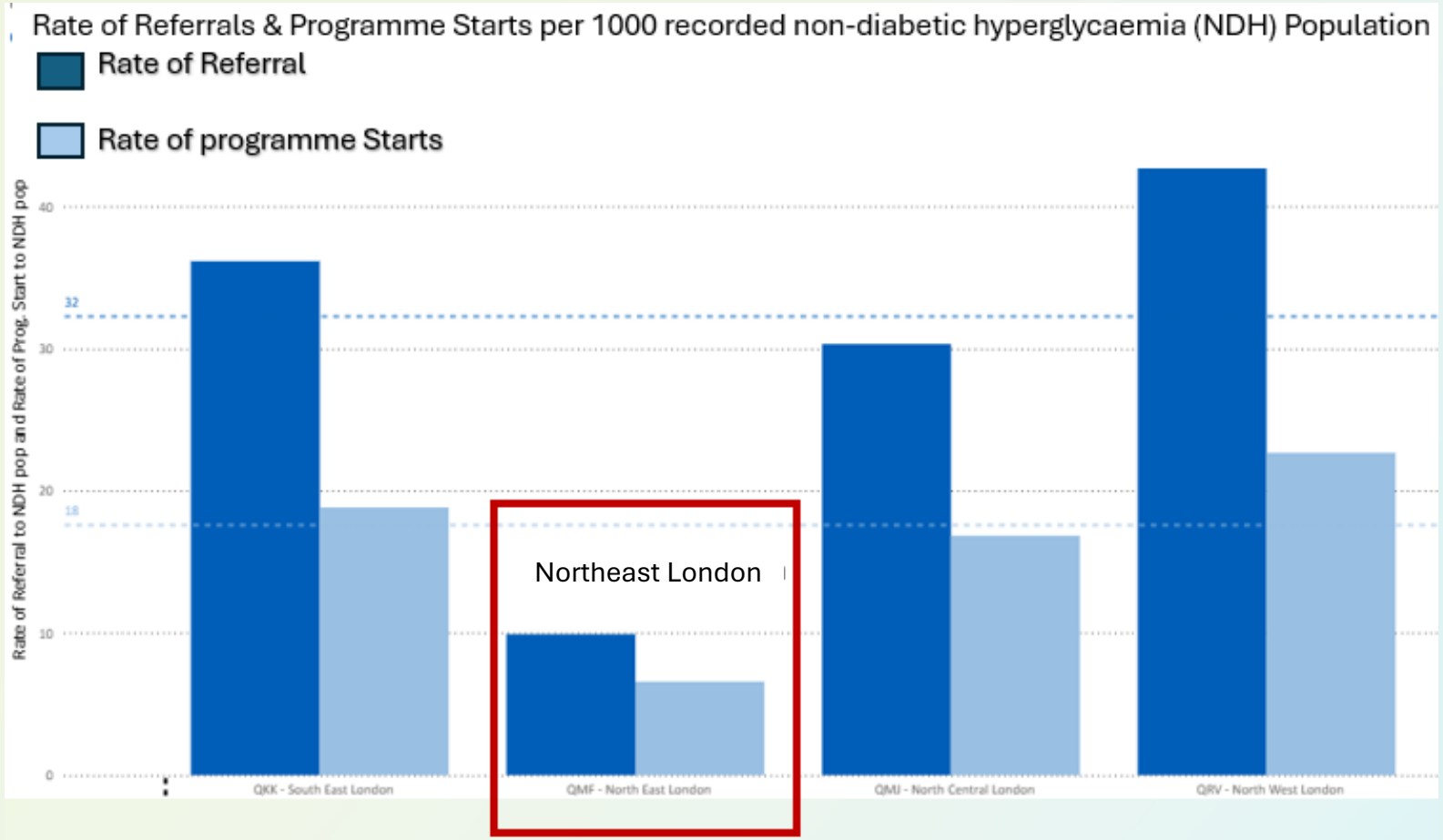
INTs: Health integration in SE Tower Hamlets, national policy with a bottom-up approach!

Better use of Funded Programmes

Evidenced-based and nationally resourced:

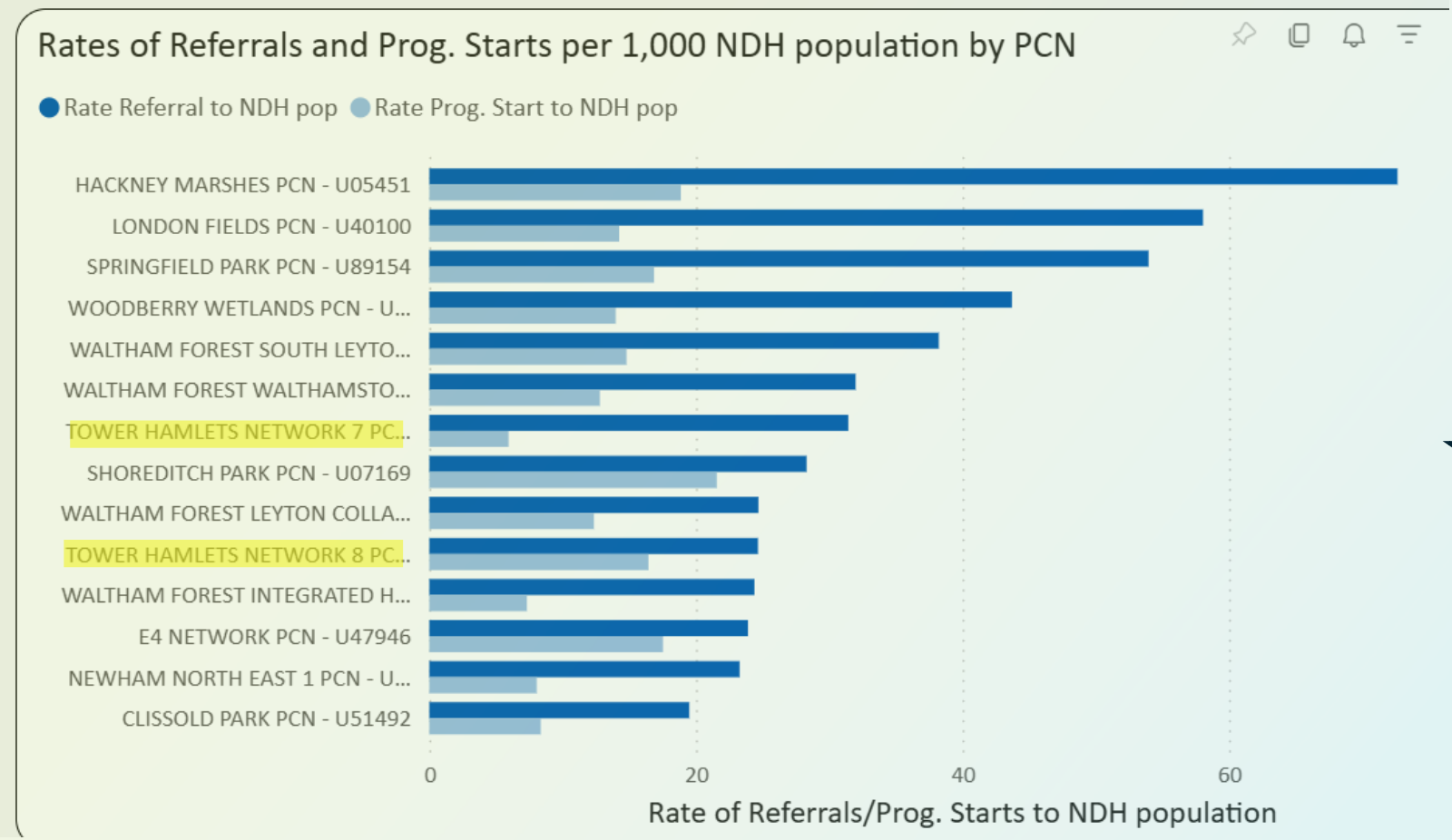
National Diabetes Prevention Programme (NDPP)



Our Public Health Team got access to the NDPP database

Low referrals and starts NEL

INTs: Health integration in SE Tower Hamlets, national policy with a bottom-up approach!



Locally



Low referrals from clinicians

Low Starts on the programme

INTs: Health integration in SE Tower Hamlets, national policy with a bottom-up approach!



Workshop with local residents and NDPP providers and clinical referrers.



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INTs: Health integration in SE Tower Hamlets, national policy with a bottom-up approach!



Workshop with residents/clinicians led NDPP provider to recruit Bangladeshi speaking facilitator who will deliver culturally appropriate sessions at more convenient locations/times



Working up proposal for 'Diabetes Hub' at a local Health and Wellbeing Centre with testing, triage, Health Coach and Health Champion support to access diet, physical activity and diabetes education including two-hour sessions (Barts) and NDPP



Work on comms about diabetes and support available
Led by THCVS and aided by new Well One activities website supported by students from University of the Arts London

INTs: Health integration in SE Tower Hamlets, national policy with a bottom-up approach!

Progress so far:

Bespoke NDPP Training Course starting 30th Nov ’26 –women only, lead by a Sylheti speaking dietician, face to face, at a local venue, at a convenient time, avoiding Ramadan – geared around cultural norms.
Comms in GP Practices to get more referrals.

Diabetes Hub due to open in Jan ’27 – in a local ‘Neighbourhood Health Centre’)

Looking with local-residents and UAL Students of what effective **health messaging on pre-diabetes and diabetes** with our Bangladeshi community (and community as a whole) , looks like!

POPLAR & LIMEHOUSE HEALTH AND WELLBEING
South East Neighbourhood Team
HEALTHY ISLAND PARTNERSHIP

Questions?

Lunch & Networking



Chair Afternoon Address



Gurnak Singh Dosanjh
GP & ICB Deputy Chief Clinical Information Officer
Leicester, Leicestershire & Rutland ICB

Keynote Presentation



Victoria Wharton
Registered Nurse and Director
Caring Services for Marie Curie

Neighbourhood health

Turning integration into better experiences for people and families at the end of life

Victoria Wharton, Director of Caring Services

12 November 2026

Skills Clinic



Ravi Sahdev
GP & Clinical Director
Oadby and Wigston PCN, Leicester



Tobi Amadasun
Clinical Pharmacist & Partner
(Health Inequalities Lead)
Watton Medical Practice

Elizabeth Lynch
GP Partner
Brownlow Health



Dan Burningham
Deputy Director Neighbourhood Development
NHS North East London ICB

Chair Closing Remarks



Gurnak Singh Dosanjh
GP & ICB Deputy Chief Clinical Information Officer
Leicester, Leicestershire & Rutland ICB