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ADULT SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE - WEDNESDAY, 11 MARCH 2026

Please find attached the presentation given to the Adult Social Care and Public Health Cabinet Committee on 11 March 2026 by Public Health Strategist, Dr Mike Gogarty.

**Agenda Item No
9 - Neighbourhood Health (Pages 1 - 14)**

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ben Watts', is written over a faint, illegible printed name.

Benjamin Watts
Deputy Chief Executive

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Neighbourhood Health In Kent

Adult Social Care and Public Health
Cabinet Committee
11th March 2026

Page 1

Agenda Item 9

Introduction and Scope

- ✓ Defines Neighbourhood Health and what it might embrace including the short-term narrower focus on avoiding admissions.
- ✓ How Neighbourhood Health rests with wider NHS challenges as well as the challenges faced by Kent County Council around the Prevention Framework and system sustainability.
- ✓ Thinking and progress within the ICB including models and interventions, and the Neighbourhood pilot in East Kent.
- ✓ Considers the opportunities to Kent County Council and how KCC might wish to engage and respond.

Page 2

What is Neighbourhood Health?

The Kings Fund suggests the three elements; how health services are delivered, the role of wider services, and the role of the community. It encompasses:

- Integration
- Prevention
- Personalised care
- Care delivered closer to home
- Community-led approaches to care
- Place-based care

Page 3

NHS Neighbourhood Health Guidelines outlined 6 components

- Integrated teams for people with complex needs
- Urgent community response and virtual wards
- Improved access to general practice
- Continuity of care for those who need it most
- Strengthened core community services
- Better use of population health data and digital tools



The Ten-Year NHS Plan

- Fundamentally a shift from:
 - From hospitals to communities
 - From analogue to digital
 - From treatment to prevention
- It describes local Integrated Neighbourhood Teams, Neighbourhood Health Centres and Community Health and Wellbeing Workers
- Change will be delivered through the National Neighbourhood Health Implementation Programme (NNHIP), there is a test site in East Kent.
- Initial action is around supporting people to be managed away from hospitals including management of long-term conditions
- A role for local Health and Wellbeing Boards, aligned with single/upper tier local authorities leading development of the local Neighbourhood Health Plan.

Page 4



Local Action: Strategic

- Neighbourhood Health Programme Board established with wide membership to provide collective leadership
- Base the footprint for Single Neighbourhood Teams on existing PCN footprints
- Multi-Neighbourhood footprints to deliver more complex and 24/7 services have not been finalised. There will be about 10 across Kent and Medway informed by existing District and potential LGR considerations
- Work has commenced on Strategic Outcome Measures
- Work has commenced to develop principles for the siting of Neighbourhood Health Centres underlined by existing estate.
- How funding can be shifted from pressured acute trusts to community services remains a key unanswered question.

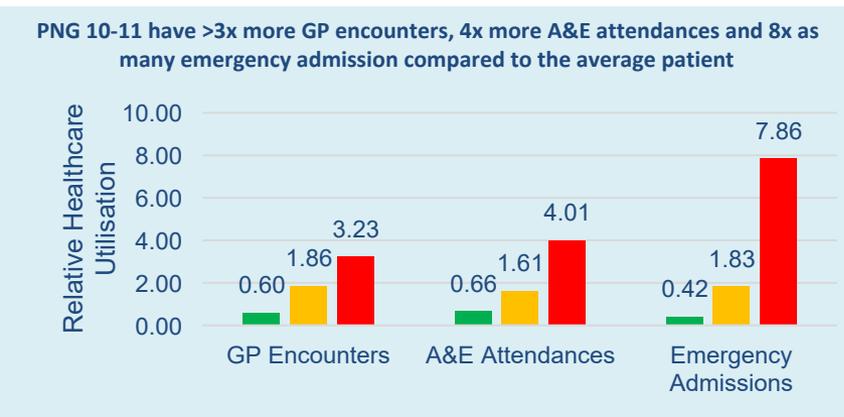
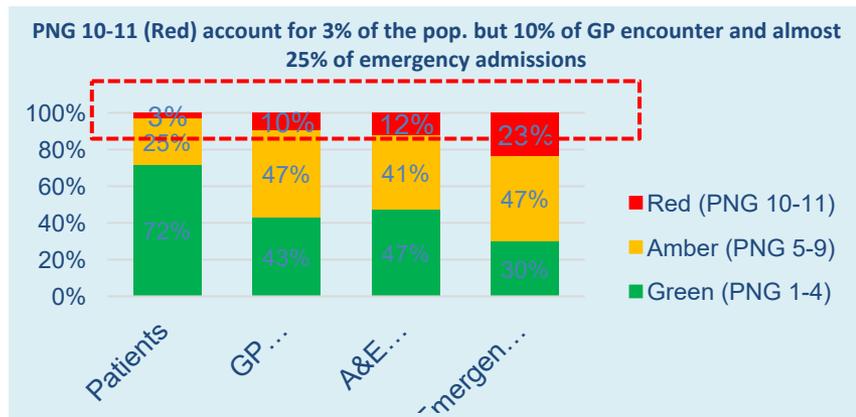
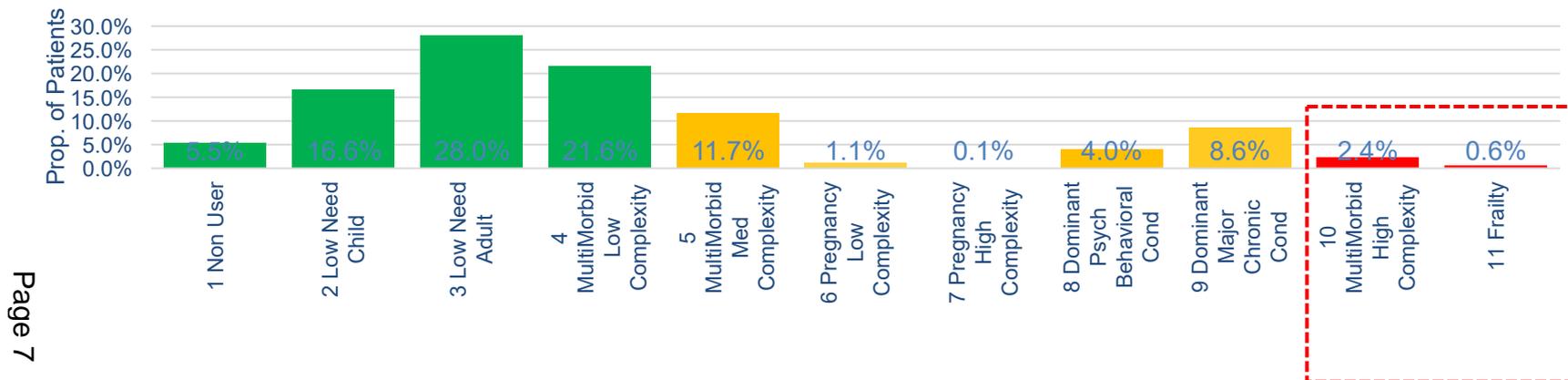
Local Action: Clinical

- A Clinical Reference Group has produced a model which identified the priority groups using the John Hopkins model
- It defines the local model for interventions and approach with two key elements.
- The **Proactive service** to prevent deterioration in high-risk patients will include Comprehensive Geriatric Assessment (CGA), Structured Medication Reviews (SMR), Recommended Summary Plans for Emergency Care and Treatment (ReSPECT) and Palliative Care
- **Acute Care service** when patients are acutely ill will build on Rapid Home Visiting Team, Frailty and Home Care Teams and Hospital at Home teams linked by a Single Neighbourhood Access Point (SNAP)
- The Group are also defining what interventions happen at Practice, Single Neighbourhood and Multi Neighbourhood level
- The NNHIP site in Folkestone is operationalising the approach including how to shift from the current to the future structures and services. ASC colleagues are engaged in the pilot



Population segmentation

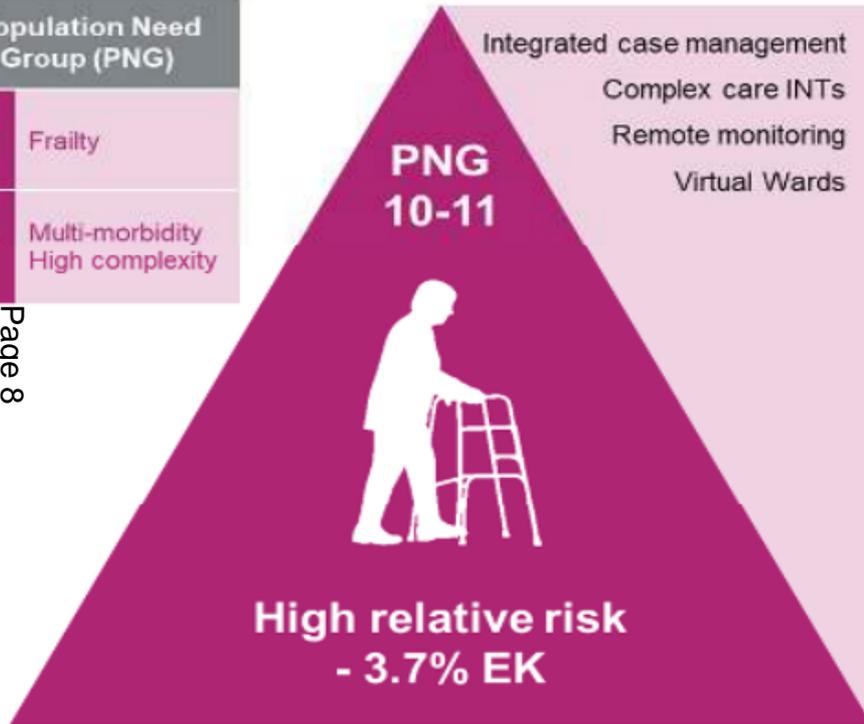
Patient Need Group (PNG) segmentation takes a multimorbidity approach to categorising patients
 1.88m patients in K&M: 3% (~56.5k) are in Patient Need Group (PNG) 10-11 (Red) and they account for 23% of emergency admissions



Working model for PNG 10 and 11

Population Need Group (PNG)	
11	Frailty
10	Multi-morbidity High complexity

Page 8



Level 3 – Patient requires urgent/emergency intervention

Multi-Neighbourhood Provider

- Frailty Virtual Ward
- Hospital admission
- Step-up facility if clinically appropriate
- SPOA

Level 2 – Reactive Care

Single/Multi-Neighbourhood Provider

- **Single INT working across 3 PCNs to hold patients**
- Single Point of Access / Assessment
- **Initially PNG 10/11+ but moving down to PNG 9 (rising tide)**
- A responsive service designed to promptly address the escalating or exacerbating needs of patients
- Remote monitoring

Level 1 – Proactive Care

Single Neighbourhood Provider

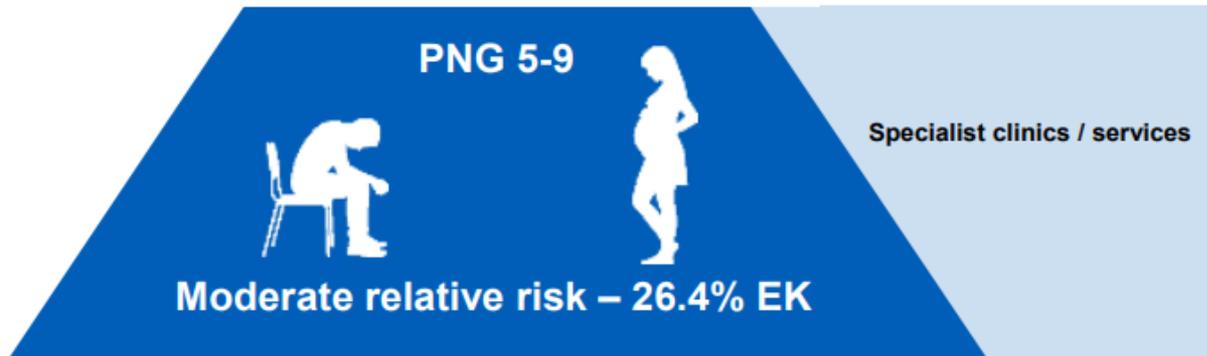
- Aligned MDT Processes incl. refer in
- Active case finding ACG Tool (10,11+)
- Defined outcomes / actions
- Complex Geriatric Assessments (KMCR)
- Structured Medication Reviews
- Advanced Care planning (KMCR)



Working to a model for all our population | PNG 5 to 9

Page 9

Population Need Group (PNG)	
9	Dominant major Chronic condition
8	Dominant psychiatric Behavioural condition
7	Pregnancy High complexity
6	Pregnancy Low complexity
5	Multi-morbidity Medium complexity



Suggested Supportive Overarching Metrics



Domain	Suggested Outcome	Associated Metric	Current Level	Source	Frequency (Latest Data)	Comments
Staff Activation & Productivity	<i>Improvement in/high staff satisfaction</i>	I would recommend my organisation as a place to work - % Agree/Strongly Agree	59.24% KMICS	NHS Staff Survey	Annual (2024)	Need to understand if able to identify neighbourhood team staff from survey
Patient Activation	<i>Improvement in self- mgt of LTCs</i>	& confident/very confident in ability to manage any issues caused by conditions/illnesses	78% KM ICS	GP Patient Survey	Annual (2025)	Allows for national benchmarking
Improving Population Health & Wellbeing	<i>Example outcomes: Increase in PROMs and PREMs, People dying in preferred place</i>	% Positivity Friends and Family Test (e.g. Community/ Mental Health/ Inpatient/ Outpatient/AE)	97% Comm 88% MH 94% IP 95% OP 80% AE	FFT Analysis Site	Monthly (Aug 25)	Allows for national benchmarking and system/ more granular data
		% Deaths at Home	28.5% KM 28.4% England	Fingertips (Gov PHE Source)	Annual (latest data 2023)	National data so useable for benchmarking
		% dying in a KM Hospital who had chosen not to die in a hospital	1.5%	KMCR Ageing Well Dashboard	Live Data (13/11)	Locally held data from KMCR (not used for benchmarking outside of KM)
Demand Management and Costs	Reduction in unplanned admissions/ Cost per capita for healthcare	NEL admissions per 1,000 Population	8.33	KM BI Data Acute Activity	Monthly (Sep 25)	ACG Dashboard also available for this split by PNG
		Outpatient Activity per 1,000 Population	145.54	KM BI Data Acute Activity (SUS)	Monthly (Sep 25)	
		Cost Per Capita for Healthcare	TBC	ICB Finance	TBC	Being progressed currently

Page 10



Challenges

- Challenges to acute trust sustainability mean initial focus is on avoiding admissions
- Central priorities of achieving waiting targets and financial challenge make major shifts of funds to the community challenging
- There are a range of models to identify “high risk”, each with pros and cons.
- High need and ability to benefit are not always aligned as shown in Kaiser Permanente work
- There are profuse reports of benefits from evaluations that are flawed. Eg before and after, no control. Decisions must be driven by best quality evidence
- Low levels of funding mean a phased approach is needed which allows the opportunity for robust evaluation of small pilots



The Health and Wellbeing Board (HWB)

- Draft guidance suggested action by April 2026 in developing and delivering Neighbourhood Health Plans with initial focus on the NHS short term priorities
- Existing governance structures (e.g., Health and Wellbeing Boards) reviewed to support Neighbourhood Health planning
- A comprehensive plan is required by April 2027 that will identify and address local health and wellbeing priorities; determine the wider partnership working needed; and determine how services are organised across place.
- Likely changes to the Better Care Fund to align with this approach from 2026/2027 and Neighbourhood health plans should set out how HWBs are planning to use the funding to achieve neighbourhood health including admission avoidance
- HWB membership may need to expand to reflect the national ask including primary care providers, community health service providers, social care providers and the VCSE sector

Opportunities ~ Kent County Council Actions

Adult Social Care and Public Health

- The input at Director level from ASC into the developing model is widely and strongly applauded by NHS colleagues, engaging in both “proactive” and “acute” team endeavours.
- Align ASC with NHS thinking to deliver the Prevention Framework seeking **win-wins** including falls, continence and stroke prevention, support for **CGA**, **optimal reablement**, **Structured Medication Review (SMR)** and use of the ReSPECT tool
- Public Health to Support NHS in ensuring a sound methodology and evidence base underlines Neighbourhood Health
- Public Health Investigate opportunities for the prevention of **cardiovascular disease (CVD) including stroke**, and action around **falls, continence**, and improved physical activity in older people.
- Continue working with acute trusts, Health Alliances and the Marmot Coastal region supporting them to best deliver prevention

Page 13



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