

Neighbourhood Health

SEL Staff Activation Webinar
30th April 2026

1. The Direction for SEL:

- The rationale for neighbourhood working
- Why SEL is prioritising this now
- What will change in how services collaborate

2. What Neighbourhoods Mean to You

3. What You Are Excited About

Why Neighbourhood Health? (Holly)

What is 'Neighbourhood Health'?

"Neighbourhood health puts the **person at the centre** of how we deliver their health and care, by organising **services** so they can **work together** to **serve a defined local population**."

Neighbourhood Health Framework, March 2026

- Our 6 places have worked together to bring together key partners from across the ICS to shape the implementation of a **SEL Neighbourhood Health Service**.
- In January 2025, the ICB Board approved the **overarching SEL Integrated Neighbourhood Team (INT) framework**
- This is in-line with the **London Case for Change and Target Operating Model for a Neighbourhood Health Service** and the Government's "**Fit for the Future: A 10 year health plan for England**".
- The shift to the Neighbourhood Health Service is a key plank of the 10 year plan starting with the initial development of **neighbourhood teams delivering integrated and proactive care to high risk population**.

Across South East London, we are building in a stage way towards:

- **a whole population model**, supporting babies, children and young people, working age adults and older people
- **a whole-needs model**, from preventing ill-health to supporting people with long-term health conditions to live independently and in line with their priorities
- **a whole system model**, bringing together health, local government, VCFSE and wider partners and ensuring neighbourhoods addresses wider determinants such as housing, employment etc.

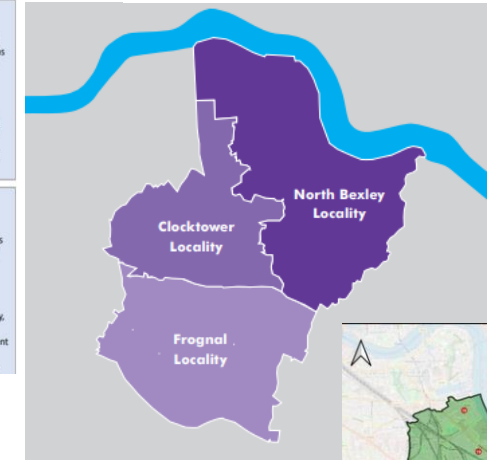
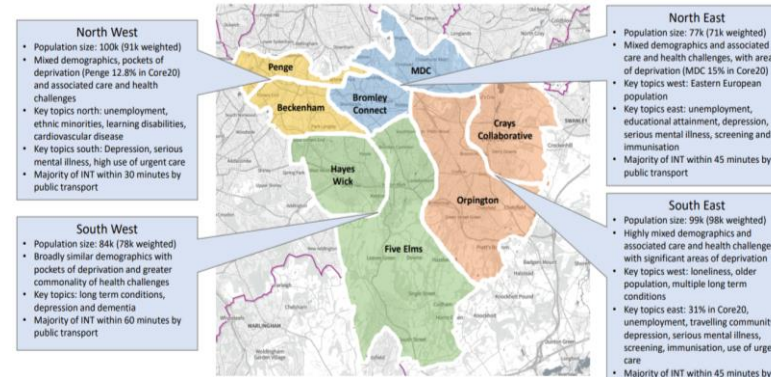
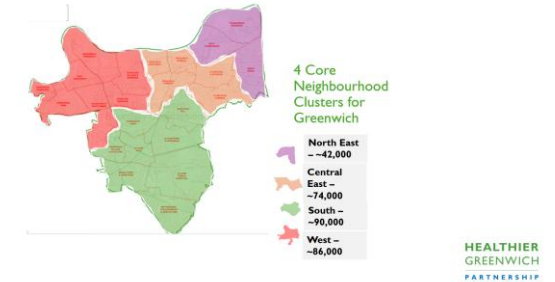
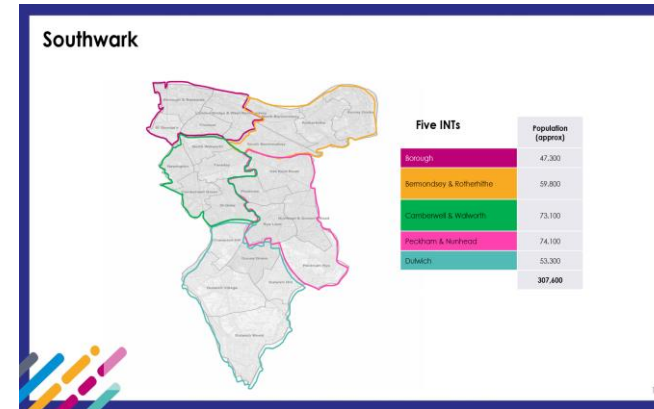
Why neighbourhoods

- **Deep-seated economic and health inequalities are driving ill-health, resulting in increasing pressures** on the NHS, local authorities and local partners. In turn, these pressures exacerbate those same inequalities, and limit the ability of services to respond effectively
- **GP and community services are extremely challenged with the most disadvantaged neighbourhoods and communities often the most disproportionately impacted. Acute facilities are constantly and significantly stretched.** If we cannot use this opportunity to create a genuine shift of activity away from hospitals into the community, and into more proactive and preventative care then no amount of additional investment in the health service is likely to be sufficient to meet future needs.
- **Our current structures (sector and organisational based care models, planning and financial frameworks) are not be able to respond to these challenges** without a clear, shared vision and the mechanisms to deliver the system will fail.
- **We need to address the systemic issues & barriers.** Change will need to be phased and prioritised, but not avoided.
- **Effecting the required shift in existing resources (people, money or supporting infrastructure) is complex** (even with specific organisational support). We do not have an obvious alternative in any part of our health and care systems in the absence of significant increases in funding and in the face of ongoing unsustainable growth in pressures.
- **It requires leadership and resources and does not happen spontaneously.** Experience from previous attempts of health and care integration in England and internationally, is that it requires the creation of new systems and processes, the growth of new and improved inter- and intra-organisational relationships, new patterns of commissioning, continuous quality improvement, and organisational development work to make progress..

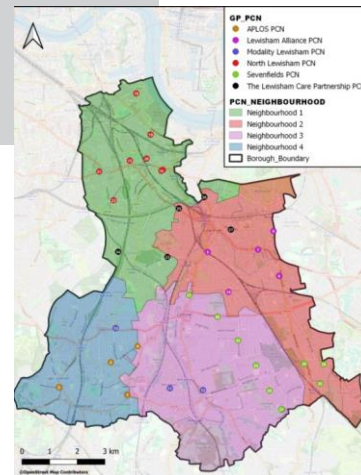
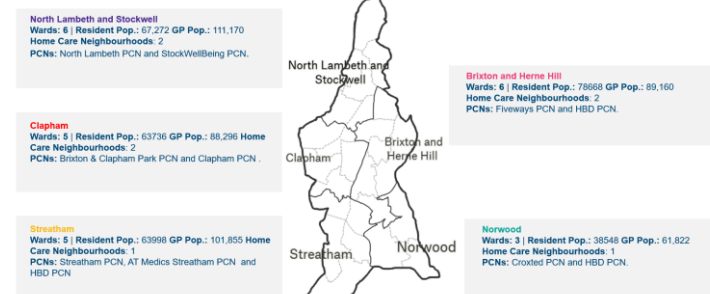
Overview of SEL Neighbourhoods

All places have agreed on their neighbourhood footprints. In total we will have 25 neighbourhoods across SEL

- Bexley: 3 Neighbourhoods
- Bromley: 4 Neighbourhoods
- Lambeth: 5 Neighbourhoods
- Lewisham: 4 Neighbourhoods
- Greenwich: 4 Neighbourhoods
- Southwark: 5 Neighbourhoods



Our agreed neighbourhoods



SEL Integrated Neighbourhood Team Priority Populations

- **SEL identified three initial population groups for INTs to focus on** where the opportunity for improvement is greatest, including addressing health inequalities and improving health and care outcomes for our population. This will also enable a genuine and sustainable shift in investment across the system.

1

3+ Long-Term Conditions

There are currently pilots in each place, and there is a current cost of £18m, £16 Non-Elective (NEL) admissions per year, £3-6m outpatient opportunities for diabetes alone.

2

Frailty and those approaching end of life

There are examples of best practice already and a current cost of £244m* per year on NEL admissions. This also aligns with how many Places are prioritising Ageing well as a strategic goal over the next six years. This might mean pivoting virtual wards and other admission avoidance initiatives into maximising independence outside of the hospital.

3

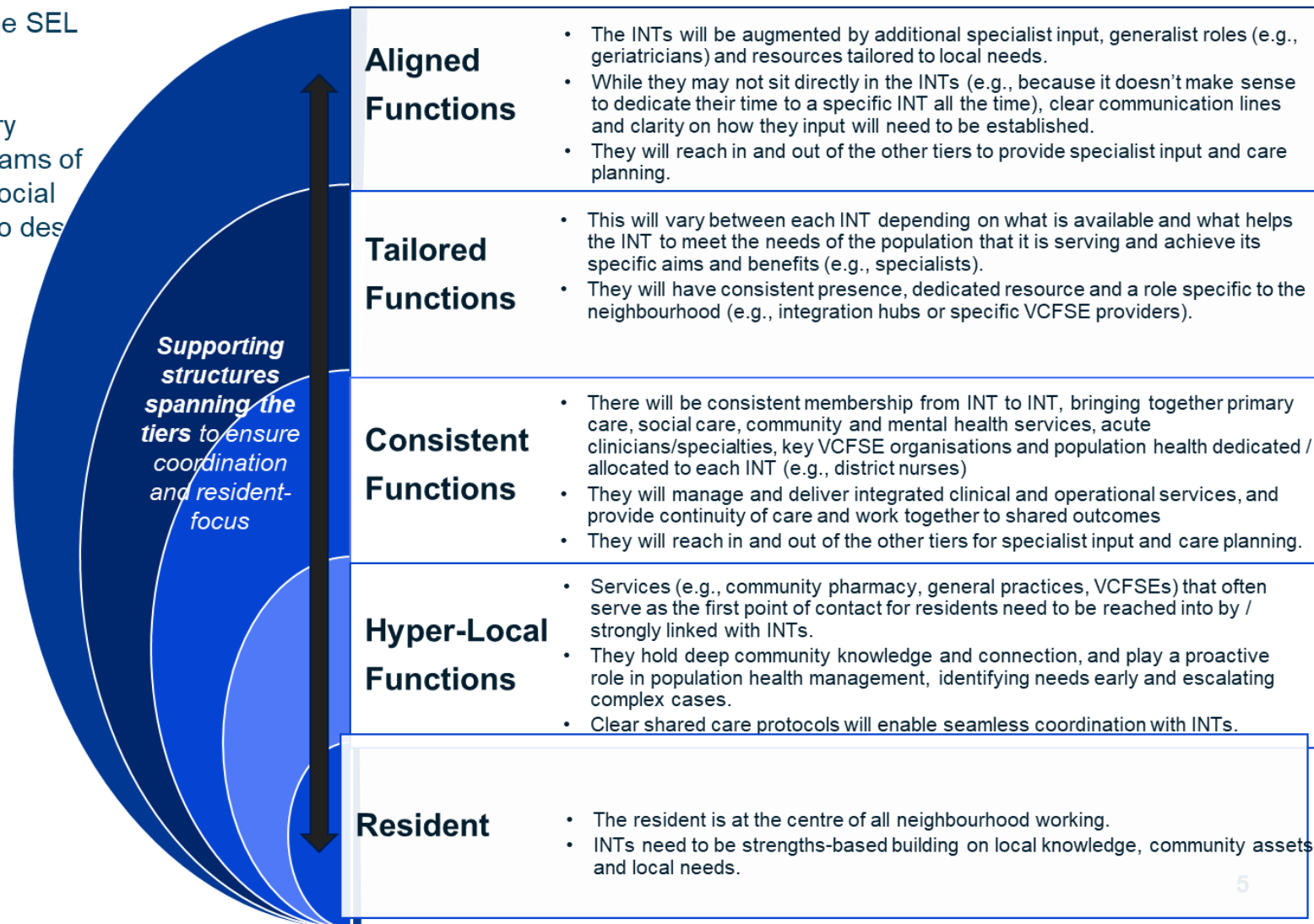
Children and Complex Needs

There is an existing model which has demonstrated reductions in GP and outpatient appointments, Accident and Emergency (A&E) attendances and NEL admissions.

The SEL Integrated Care Board signed off the SEL INT framework in January 2025

INTs provide the structure for multidisciplinary collaboration through the development of “teams of teams”: integrating services across health, social care, public services, and the VCSE sector to design and deliver holistic, person-centred care.

- **Our model enables local variation tailored to local needs while maintaining a consistent foundation across all neighbourhoods in SEL.** Investment levels will vary depending on each neighbourhood’s starting position and specific needs.
- **Our INTs will be organised using a tiered system**, acknowledging that different functions and services are delivered to residents across a range of different scales.
- **Our INTs will leverage population health data** to proactively identify individuals and populations who would benefit from support earlier and prioritising populations experiencing greatest levels of health inequalities.



Benefits of Neighbourhood Care (Ceri)

Neighbourhood Outcomes

Population Health, Prevention and Inequalities

Inequalities in psycho-social and physical and mental health outcomes experienced by disadvantaged groups are reduced, meaning more residents and carers stay well, independent, and in the community for longer; and eventually experience a good death

Fewer residents reach a crisis point in their health or wider wellbeing, and are able to stay well for longer

Community and resident quality of life is improved, in the ways which matter to residents

Resident Experience and Community Impact

Residents, particularly those from underserved communities, trust, and feel valued and understood by, their services and the professionals they interact with, and know that their input has a direct impact on their care and wider services

Residents and carers have improved confidence in managing their health and wellbeing through accessing the right services, and have reduced anxiety around their needs

Communities are supported to thrive as local services are improved, more residents are supported to become or remain economically active and in employment, and environmental quality is improved

Workforce Impact and Staff Experience

Staff feel more relevant to and embedded into their communities, and better able to deliver culturally competent care and support.

Staff feel part of "one team", feel equal with their system counterparts, and more supported to do their jobs to the best of their ability

The system has a resilient and sustainable workforce across all partners, and has an improved ability to attract, recruit, and retain staff

System Resource and Sustainability

The system achieves financial and environmental sustainability and resilience over the long term

Residents stay well for longer, especially those from disadvantaged communities, with a reduced need for crisis management, and improved prevention and early intervention.

More residents are accessing services locally, in the community

Work is underway within the three population implementation groups to align short/medium term indicators to the overall outcome measures and logic model to enable early tracking of impact

What Neighbourhood means to me (George)

What are we excited about (All of us)

**Neighbourhood Care - SEL Staff
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2026 Evaluation Form**

