NHS
Central East
Integrated Care Board

Welcome to the Central East Frailty Conference

10 September 2026



Your hosts for today...



Sarah Stanley

Deputy Chief Executive

Exec Clinical Director



Maria Wogan

Exec Director for NH Health and Partnerships: Bedfordshire, Luton & Milton Keynes (BLMK)



Ed Knowles

Director for NH Health and Partnerships: Hertfordshire



Pam Green

Director for NH Health Health and Partnerships: Cambridgeshire & Peterborough



Matthew Winn

Chief Executive, East of England Community Health and Care NHS Trust


Thank you!
What are you hoping to learn from today's conference?
mentimeter
best practice
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2748 3167
Driven by one question: what best serves our population?
Assisted Listening System fitted in this room
Cranfield University

Today's objectives – refining the specification

- Share progress – show what has happened since the first Frailty Conference – how we have reviewed best practice, data and your feedback to develop a draft specification
- Gather feedback on the draft Frailty specification – with workshops focused on specific topics
- Connect and Collaborate – bringing together leaders from across health, care and community services
- Driven by one question: what best serves our population? - transforming care for people living with frailty and their families and carers – delivering better experiences, better outcomes and greater independence

Checking in on where we are

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Agenda for the day

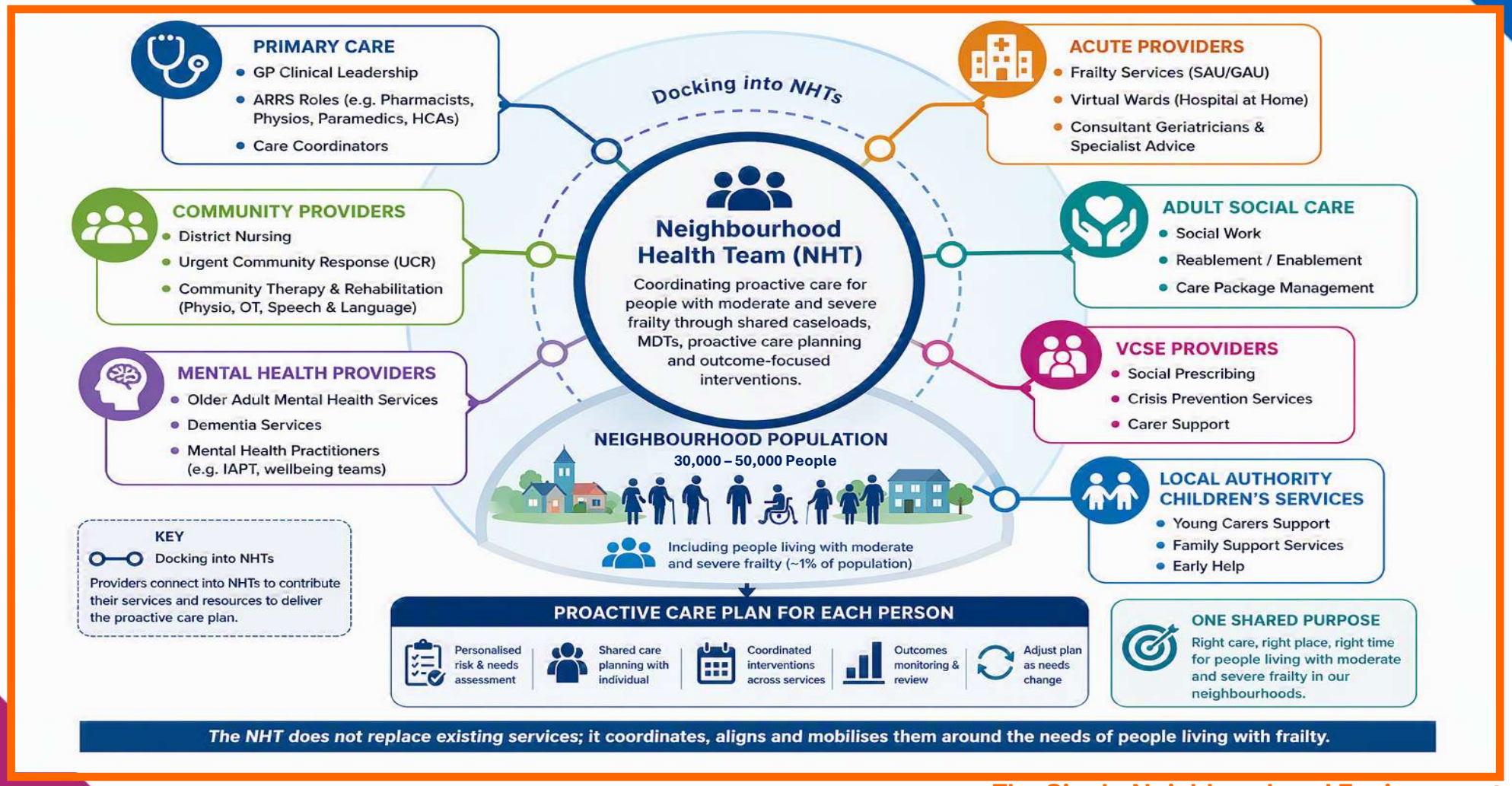
10:00	Welcome and scene setting
10:15	Central East Frailty Specification
10:25	Q&A
10:40	**Break**
11:00	Workshops – Session One
11:55	Workshops – Session Two
12:45	**Lunch**
13:30	Workshops – Session Three
14:25	What we have heard today
14:45	Closing remarks and next steps
15:00	Event closes

What's been happening?

- Specification drafted based on learning from July conference
- Initial feedback gathered from clinicians and patient representatives
- NHSE launched consultation on Single Neighbourhood Provider and Multi-Neighbourhood Provider contracts
- Central East ICB developing its commissioning and contracting approach
- Work started on defining the 'integrator role'

What's been happening?

The Single Neighbourhood / NHT Operational Level – shown at the Conference on 16 July



The Single Neighbourhood Environment

What's been happening?

Neighbourhood Health Requires Two Distinct but Connected Roles

The Neighbourhood Health Team (NHT)

Status: Described in draft NHT/Frailty Specification
Population: Typically 30,000-50,000
Role: Deliver proactive neighbourhood care and care coordination
Focus: People and cohorts
Contractual Vehicle for 2027/28: PCN DES /LES Variation (TBC) & contractual commitments for all acute, community and mental health trusts

Duties include:

- Identifies and prioritises people at greatest risk
- Delivers proactive, personalised care
- Coordinates multidisciplinary support
- Creates and maintains shared care plans
- Connects health, care and community services
- Responds rapidly to changing needs
- Prevents avoidable hospital use
- Improves outcomes for a defined population

The Integrator

Status: Developing a definition & eligibility criteria
Population: Typically 250,000-500,000+
Role: Support delivery of neighbourhood health teams and services by coordinating providers, infrastructure, workforce, data and transformation across multiple NHTs
Focus: System enablement
Contractual Vehicle for 2027/28: TBC – will invite proposals from collaboratives

Duties include:

- Connects partners around neighbourhood populations
- Coordinates delivery across organisations
- Aligns resources to population outcomes
- Provides data, workforce and improvement infrastructure
- Removes barriers to integrated working
- Supports neighbourhood leadership and maturity
- Drives population health improvement and equity
- Enables the shift from hospital to community care
- Evolves toward greater accountability when systems are ready

What's been happening?

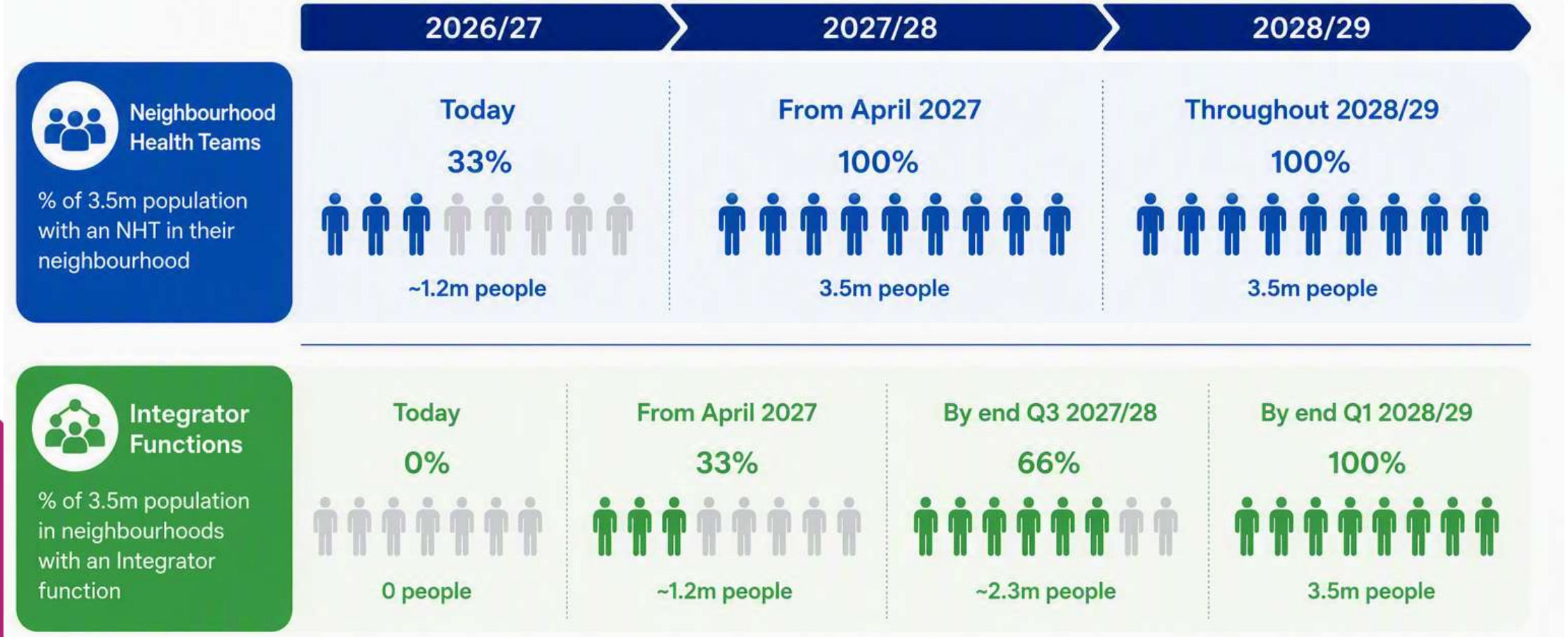
Our vision:

Neighbourhood Health Teams (Single Neighbourhoods)

33% of the population already benefit from early adopter NHTs. From April 2027, every resident across Central East (3.5m population) will be covered by an operating NHT.

Integrator Functions (Multi-Neighbourhoods)

From April 2027, Wave 1 Integrators are expected to provide coverage for approximately 33% of the population. Coverage will increase to 66% by the end of Q3 2027/28 through Wave 2 expansion, reaching full population coverage (100%) by Q1 2028/29.



What will happen next?

- Listen to your feedback and finalise the specification
- Central East Commissioning Intentions – 30 September 2026
- DELPPHI roll out – data sharing agreements to be updated / signed
- Engagement with local people and providers to finalise the specification
- Engagement with primary care about the proposed investment and variation to current PCN and primary care commissioning arrangements
- Delivery starts 1 April 2027

How the specification is structured

PART ONE

Neighbourhood Health Team foundation

- Defined population and shared priorities
- Care model - five layers from prevention to crisis response and recovery
- Work at population, cohort and individual level
- Coordination, accountability, data and assurance

PART TWO

First commissioned cohort: people living with frailty

- Covers people living with mild, moderate and severe frailty
- Prevention, support, assessment and coordination proportionate to individual need
- Consistent core frailty interventions available across Central East
- People with mild frailty can access coordinated support where their needs require it
- Existing services work together; this is not a new standalone service

Further cohort modules can be added over time without rewriting the Neighbourhood Health Team foundation.

What is fixed, and what can vary locally

1 TIGHT

Core requirements

Shared purpose and cohort criteria
Core neighbourhood functions
High-impact frailty interventions
Clear responsibility for the population

2 LOOSE

Local arrangements

Staffing and professional mix
Workflow and use of meetings
Digital products and local pathways
Additional support based on local need

3 TIGHT

Outcomes and assurance

Common outcomes and minimum data
Clinical and contractual accountability
Experience and inequalities
Evidence that the core offer is reliable

Local teams can organise delivery differently, but the core offer and outcomes will be consistent.

Who contributes to the team, and how it works

The team is a coordinated arrangement across organisations, not a new standalone service.

1 CORE TEAM

Core contribution

Primary care clinical lead
NHT manager or facilitator
Care coordination
Community nursing and therapy
Adult social care and VCFSE
Social prescribing and data

2 WIDER INPUT

Specialist input

Mental health and dementia
Pharmacy and frailty expertise
Geriatric and acute specialists
Urgent care and ambulance
Housing and public health

3 WAYS OF WORKING

Shared ways of working

Shared population and cohort
One coordinated plan
Clear clinical leadership
Clear operational leadership
Direct cross-organisation working
Support changes with need

may sit in different organisations, but each needs clear capacity, contribution and accountability.

Initial focus: people living with frailty

MILD FRAILTY

164,516

working estimate

PREVENTION AND SUPPORT

Multicomponent exercise
Nutrition support
Action on social isolation

MODERATE FRAILTY

40,715

working estimate

ACTIVE COORDINATION

Proportionate CGA
Coordinated intervention
Exercise
Medicines optimisation

SEVERE FRAILTY

20,603

working estimate

ACTIVE COORDINATION

Proportionate CGA
Advance care planning
Carer assessment and support
End-of-life coordination

CGA
Comprehensive Geriatric Assessment

Moderate and severe frailty remain active; support changes with need.

How we will know the model is working

The working framework covers the model, the care people receive and its impact.

1 MODEL

Is the model in place?

Named leadership and core roles
Agreed footprint and cohort
Workforce capacity
Data sharing and governance
Partnership maturity

2 CARE

Is care reliable?

People identified and reached
Named coordinator and care plan
Core interventions delivered
Planned review and follow-up
Experience, continuity and equity

3 IMPACT

Is it making a difference?

Function and independence
Quality of life
Patient and carer experience
Emergency use and conveyance
Admissions and bed days
Avoidable use and value

Working set: final measures, definitions, baselines and trajectories will be agreed after 10 September.

What this means for providers?

Reflections from Matthew Winn
Chief Executive
East of England Community Health and Care NHS Trust



How do you share your views?

- Via **workshops** today – we have scribes in every room making notes of the feedback shared that we'll turn into a report after the event
- Come and **talk to the team** today in the breaks – we will be near the coffee station!
- **Feedback** form is open until Friday 18 September via MS Teams: https://forms.cloud.microsoft/e/wLYxs1vMMr
- The **conversation won't stop here** – we will continue to engage outside of these events as we develop the specification further and share updates with those who have attended either of our events

The workshops today…

- Frailty population and identification – how do we find and provide the right support to people? What should frailty assessments and reviews look like and what should be considered?
- Working together as one Neighbourhood Health Team – how this is different to a traditional multidisciplinary team and what barriers do we have to overcome?
- Implementation of the service model – where do we start? What can we build on, how do we listen to the voices of local people, how do we overcome barriers and what practical steps can we take over the first six months?
- The role of the voluntary, community and social enterprise sector in the neighbourhood delivery – what practical arrangements are needed for information sharing, referrals and sustainable partnership working?
- Outcomes, measures and assurance – what outcomes matter most to people living with frailty and their carers, and how do we measure the impact of our work?

Q&A

Join Menti or raise your hand
to ask a question



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Break time

Workshops start at 11:00



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Workshops sessions

Room	Title
Lecture Room One	Implementation of the service model **Sam Williamson, Deputy Director Health Economics & Evaluation**
Lecture Room Two	The role of the voluntary, community and social enterprise sector in the neighbourhood delivery **Ed Knowles, Director NHPP Herts and** **Pam Green, Director NHPP C&P**
Lecture Room Three	Frailty population and identification – finding and supporting the right people **Elizabeth Disney, Director of Strategic Planning and Commissioning**
Lecture Room Four	Working together as one Neighbourhood Health team **Maria Wogan, Executive Director of NHPP and Director NHPP BLMK**
Lecture Room Six	Outcomes, measures and assurance **Dzifa Agbenu, Neighbourhoods, Place & Partnerships PHM Lead**

Lunch time

Workshops restart at 13:30



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Workshops sessions

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Lecture Room One	Implementation of the service model
Lecture Room Two	The role of the voluntary, community and social enterprise sector in the neighbourhood delivery
Lecture Room Three	Frailty population and identification – finding and supporting the right people
Lecture Room Four	Working together as one Neighbourhood Health team
Lecture Room Six	Outcomes, measures and assurance

Thank you

to everyone who has shared their insights today and led workshops



What have we heard today

And what happens next...



Checking out

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What happens next?

- Event write up – we have been capturing feedback shared today and will turn that into a post event report that we will share with you all. You can share your thoughts via our feedback form by Friday 18 September
- Finalisation of the specification – will begin, based on what we've heard today and the data we've gathered – we will also do more engagement with residents on the specification
- The conversation won't stop here – we will continue to engage outside of these events as we develop the specification further and share updates with those who have attended either of our events

Thank you

For attending, sharing your ideas and thoughts, and for being part of the journey



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