



South East Accelerator Programme Neighbourhood Working

Dr Andy Ciecierski and Bev Nicholson

Update to Reading Patient Voice Group – January 2026



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What is the NH SE Accelerator programme?

- It is an eight-month regional development programme that brings together multi-agency neighbourhood teams (health, social care, VCSE, public health) to build capability, leadership and partnership working at neighbourhood level.
- Its purpose is to accelerate delivery of the national Neighbourhood Health model by helping teams use population health data, co-design with communities, address inequalities and create integrated, preventative, community-based solutions.
- It provides practical, skills-based learning – simulation, action learning, digital tools and system-thinking approaches – enabling teams to design and implement local neighbourhood-level change projects that improve outcomes and community resilience.



Our Mission Statement



- By March 2026, we will establish and test a coordinated neighbourhood model for 105 residents in Church and Whitley who live alone, experience deprivation and have long-term health needs.
- We aim to achieve this through holistic home/in person visits, improved data collection and sharing and a prioritised Neighbourhood model of a Multi-Disciplinary Team (MDT), drawing on Primary Care, Community Health Services, Social Care, Housing, Social Prescribers, VCSE partners and Community Health Champions.
- We aim to identify unmet needs earlier, strengthen anticipatory care, tackle social and environmental risks and create a scalable neighbourhood model that reduces duplication, distributes workload equitably and supports residents to live safer, healthier, more independent lives, laying the foundations for reducing avoidable demand on GP, 999/111, ED services and adult social care over time.
- **Ultimately supporting people to live their lives in a way that supports their unique circumstances and promotes resilience and quality of life.**

Accelerator Working Group Membership

Will Gordon (**ICB**): Senior Manager- Primary Care Transformation

Andy Ciecienski (**GP**): Director - BWPCA

Rachel Spencer (**VCSE**): RVA Chief Executive

Beverley Nicholson (**LA**): Integration Programme Manager

Natasha Ramnarine (**BHFT**): Programme Director

Paul Trinder (**LA**): Senior Public Health Intelligence Analyst

Dan Haines (**Primary Care**): Head of Digital - BWPCA, Paramedic

Dayna White (**Public Health**): Advanced Public Health Practitioner (Community Development)

By April 2026, we will not achieve

Material, measurable reductions in ED/111/999 activity – too short a timeframe.

Full system-wide dataset integration.

Large-scale culture change across sectors.

Full cohort coverage across all Whitley and Church residents.

Integrated Neighbourhood Team



Adult Mental Health Teams

- Psychological therapies, community psychiatric support, crisis prevention.
- Compass recovery college

Social Care

- Care assessments, reablement, safeguarding, care package coordination, Technology Enabled Care (TEC), falls prevention, social work
- ASC Front Door – Community Connectors

Core Health Services

General Practice

Proactive care, long-term condition management

Community Nursing

District nursing, wound care, palliative care

Therapies

Physiotherapy, occupational therapy, speech and language therapy.

Pharmacy

Medicines optimisation, polypharmacy reviews, prevention advice.

Voluntary and Community Sector Enterprises (VCSE)

- Social prescribing, community connectors, befriending, peer support (e.g. carers, sight loss, dementia, women's / men's health, cultural and faith groups), information and advice, benefits, food security, debt advice, palliative care, prevention activities (e.g. exercise, gardening and walking groups)

Voluntary & Community Sector (VCS)

Housing

Housing

- Home adaptations
- Tenancy sustainment
- Housing support officers
- Homelessness prevention

Other Community Support

- Frailty hubs / urgent community response (UCR)
- Public health (stop smoking, weight management, health improvement)
- Children & families services (if neighbourhood model includes whole life course)
- Fire & rescue home safety assessments
- Community paramedics



INTEGRATED

RESIDENT

NEIGHBOURHOOD TEAM

Progress update

- **Noted importance of having the “Resident’s Voice” to shape the service – this is a critical element**

Members of the team have been attending a range of forums and listening to feedback, which is key to start to shape the model. A suite of conversational type community queries are being developed for use. The group agree that engaging with our identified cohorts and the local population to understand what “good” neighbourhood working looks like and what benefits them, is critical to reframe thinking based on resident voice.

- **High level engagement message:**

“We’re developing new Integrated Neighbourhood Working Teams to better support our communities, and we want to work with residents to help shape how they function. Your insight into what matters locally is essential. Our first identified cohort are people who live alone in Whitley and Church Wards. Over the coming weeks, we’ll be inviting you to share your experiences, priorities, and ideas so we can design services that truly reflect the needs of the neighbourhood. Together, we can create a better future for everyone.”

Population Health

- **Population Health Data extracted from Shared Care Records**

Secure data sharing with key people for cross referencing to enable holistic view of identified cohort
- **Evidence based, using research to inform our approach**
- High Impact Change Model for Neighbourhood Working: https://www.local.gov.uk/sites/default/files/documents/25.184_High_Impact_Change_Model_guide_web%20accessible.pdf

What next...

- Identify and gain agreement on resources to support this new way of working with and within our communities to build a neighbourhood team (Funding/People/Service capacity)
- **We need continued support from the Community Groups to “Hear the Resident’s Voice” to help shape how neighbourhood teams are developed...**
- We will feedback from this project to inform the wider developing model of Neighbourhood Working (*“We can’t do everything all at once, so we are purposefully starting with a cohort where we feel we can make a difference”*)
- Identify what other groups are considered to be in a “rising risk” category that could be the subject of a next phase?

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