Welcome to the NHS Neighbourhood Teams Conference

1st July 2026
etc.venues, Prospero House, 241 Borough High St, London, SE1 1GA

NHTeams

FEATURED ORGANISATIONS

Visit every stand for your chance to win a £100 voucher!

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HESUK

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Join the Healthcare Engagement Society (HES)

- **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.

SCAN ME

Stay Connected Beyond Today

Join the **HES Workforce & Care Integration 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.

Scan the QR code to join the Community

Chair Opening Address

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

Keynote Presentation

Dr Minal Bakhai

Director for Primary Care and Community Transformation & the National Neighbourhood Health Implementation Programme NHS England | NHS GP | UK rep for Health Innovation | Health Exec in Residence UCL GBSH | Board Trustee

Neighbourhood Health

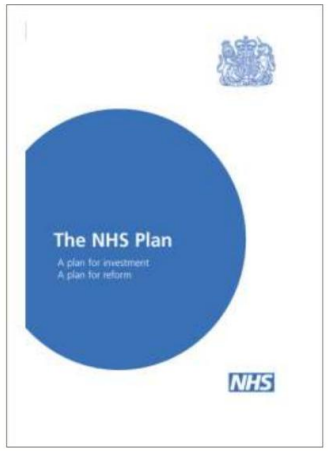
Enabling Gloriously Ordinary Lives

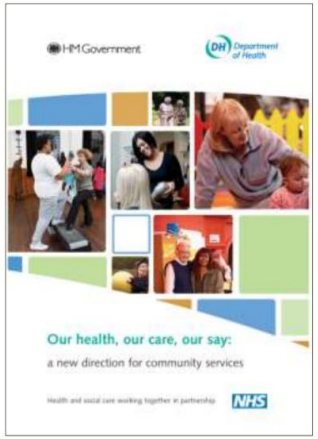
Dr Minal Bakhai MBE

General Practitioner

Former Director for Primary Care and Community Transformation and SRO for the NNHIP at NHS England

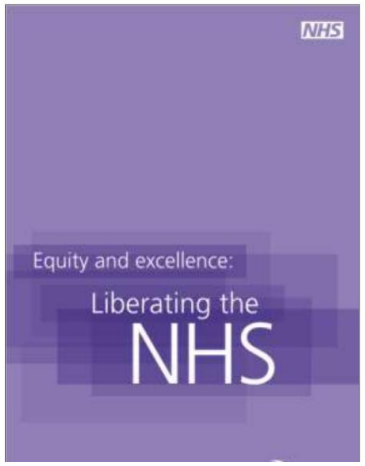
Decades of policy documents have committed to delivering personalised, integrated, proactive care delivered closer to home

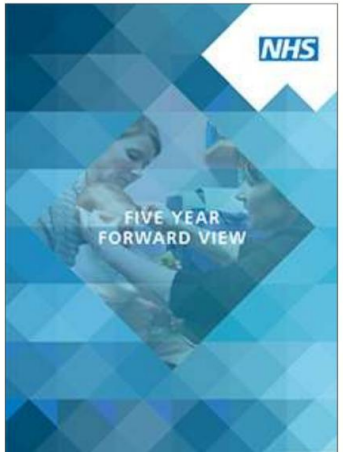


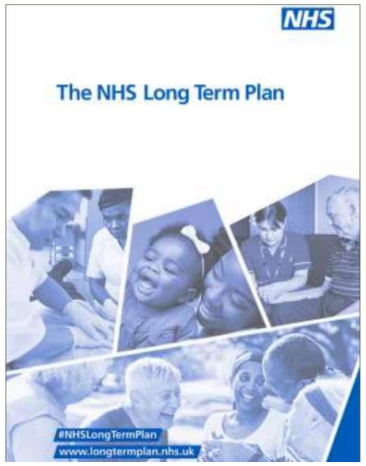


Etc...

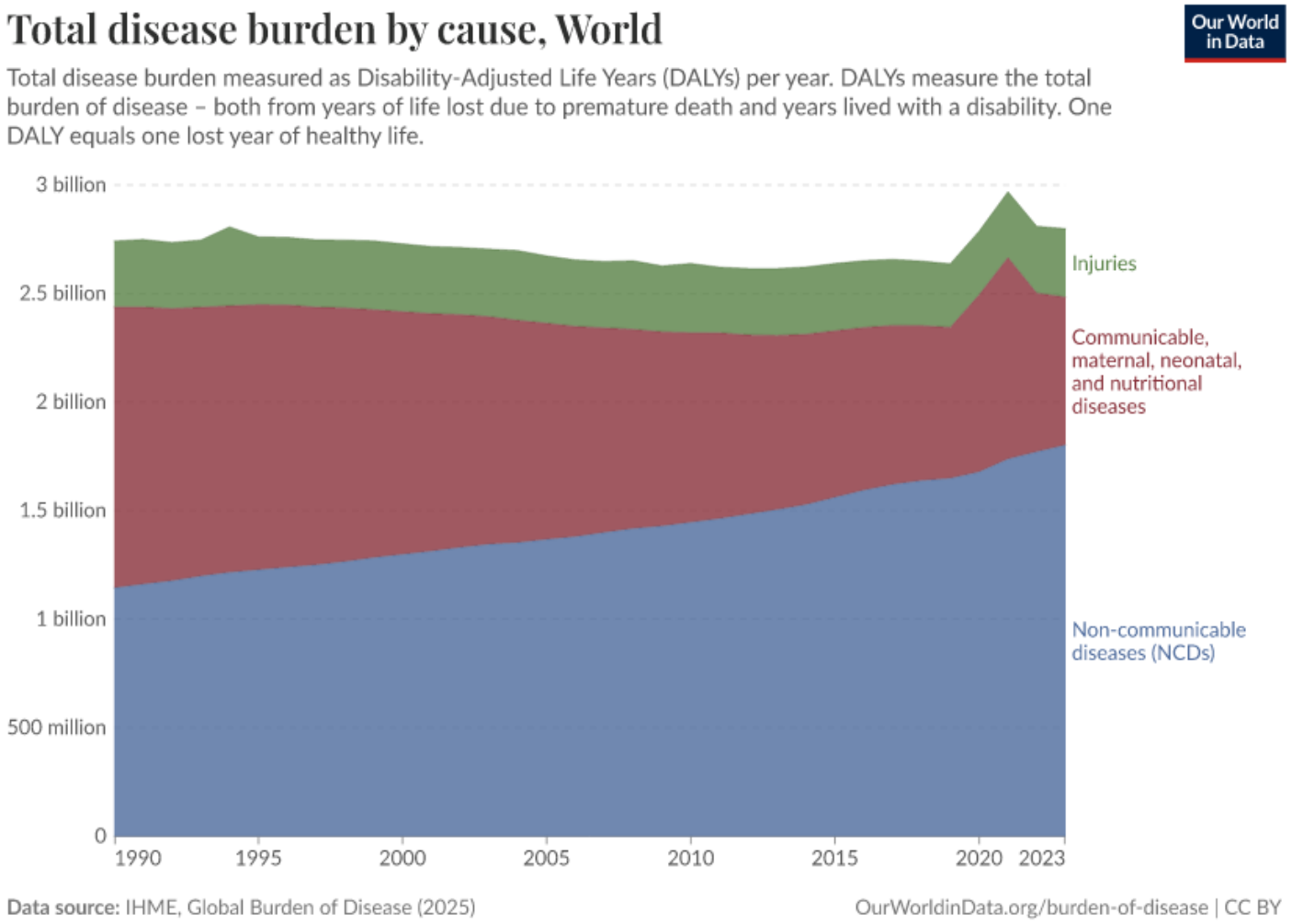
(not just the UK)





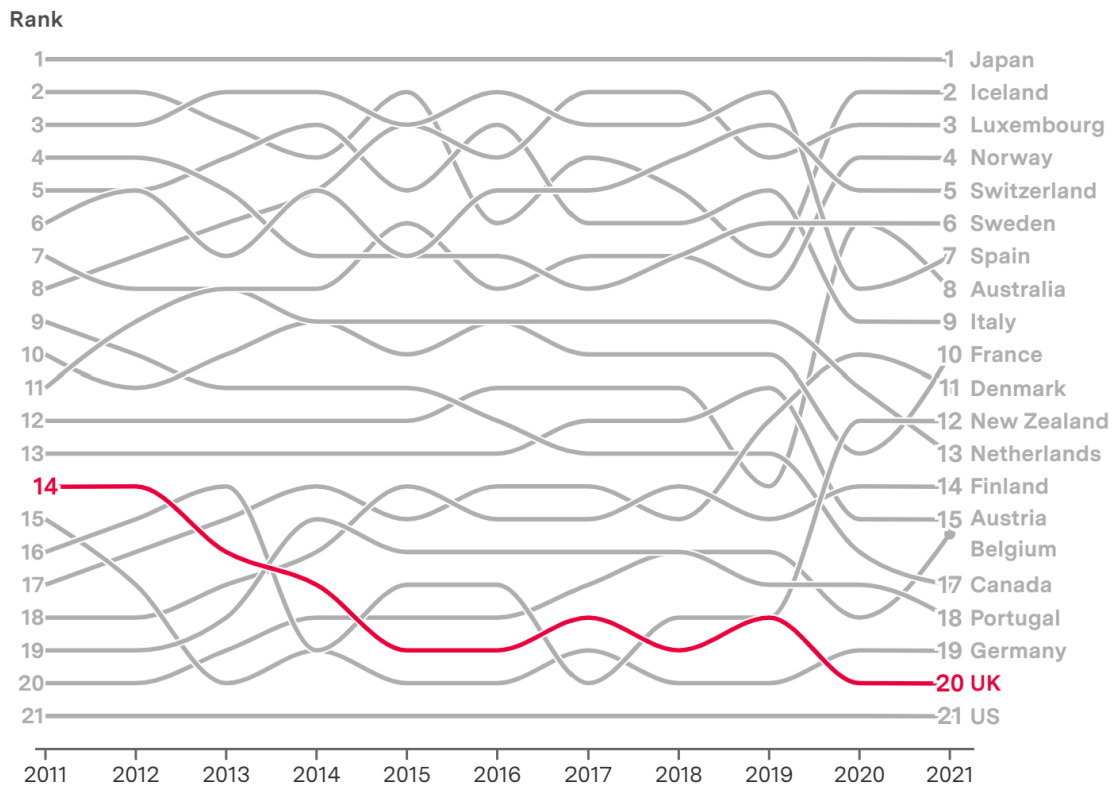


What does it take to enable success in a world where outcomes depend on many organisations, professions and communities working together?



The UK's healthy life expectancy ranked 20th out of 21 peer countries in 2021 down from 14th a decade before

Ranking of healthy life expectancy at birth for both sexes in the UK vs 20 high-income peer countries, 2011–21

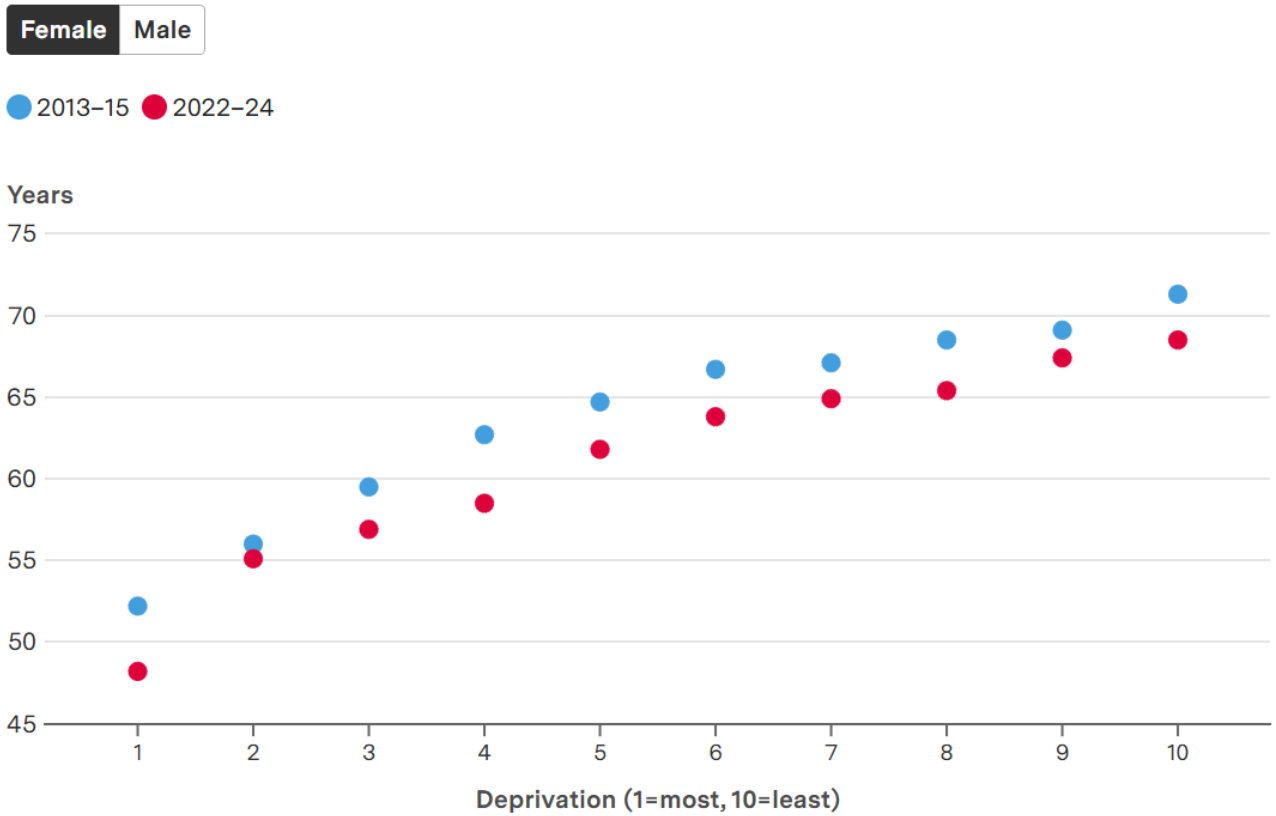


The Health Foundation

Source: World Health Organization, Healthy life expectancy (HALE) at birth (years). • Healthy life expectancy is the average number of years a person can expect to live in good health, based on current mortality rates and prevalence of self-reported good health.

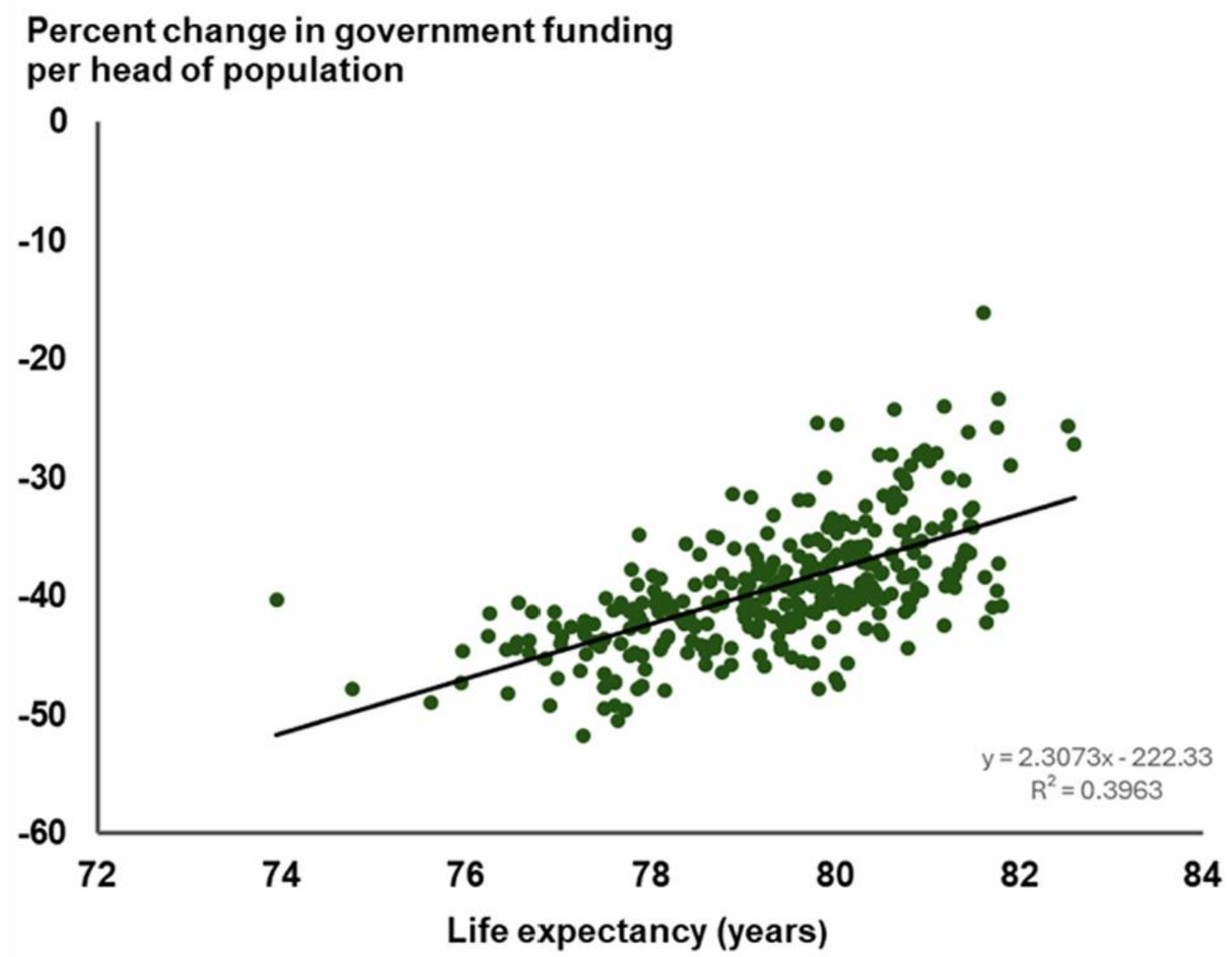
People at every level of deprivation are expected to live fewer years in good health than 10 years ago

Healthy life expectancy at birth by deprivation, England, 2013–24



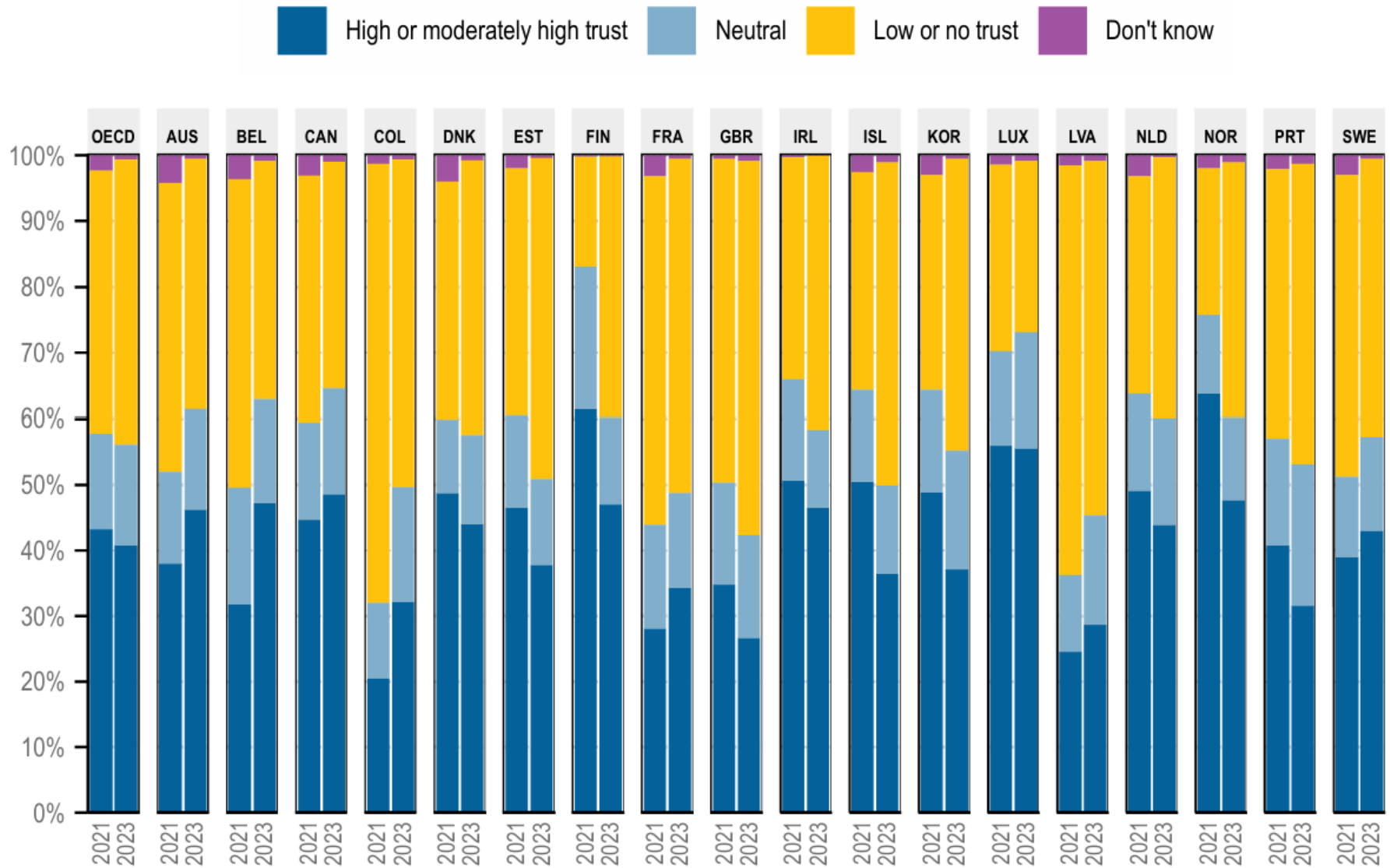
The Health Foundation

Source: ONS, Healthy Life Expectancy by national deprivation, England. Healthy life expectancy is the average number of years a person can expect to live in good health, based on current mortality rates and prevalence of self-reported good health.

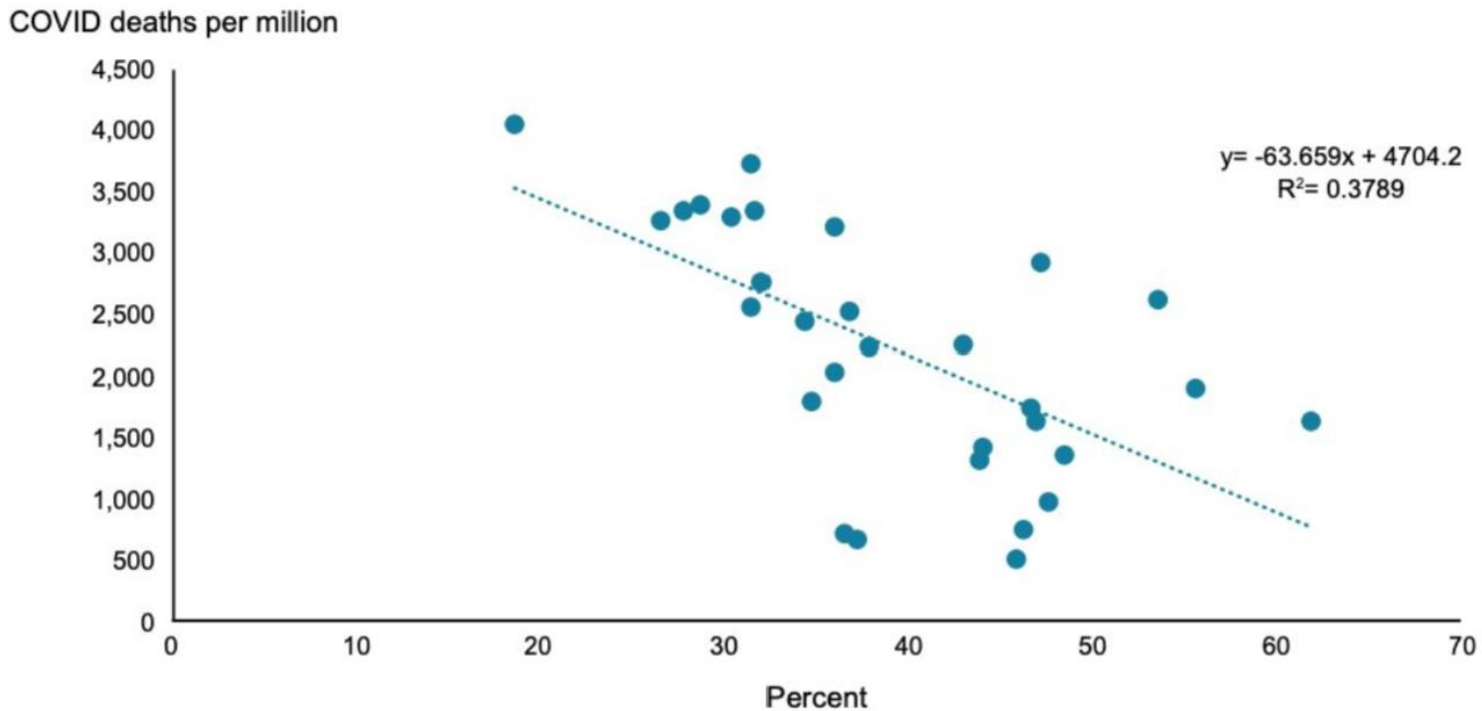


Source: *NAO (2023) and ONS (2024) (7, 1)*

Share of population who indicate different levels of trust in their national government (on a 0-10 scale), 2021 and 2023

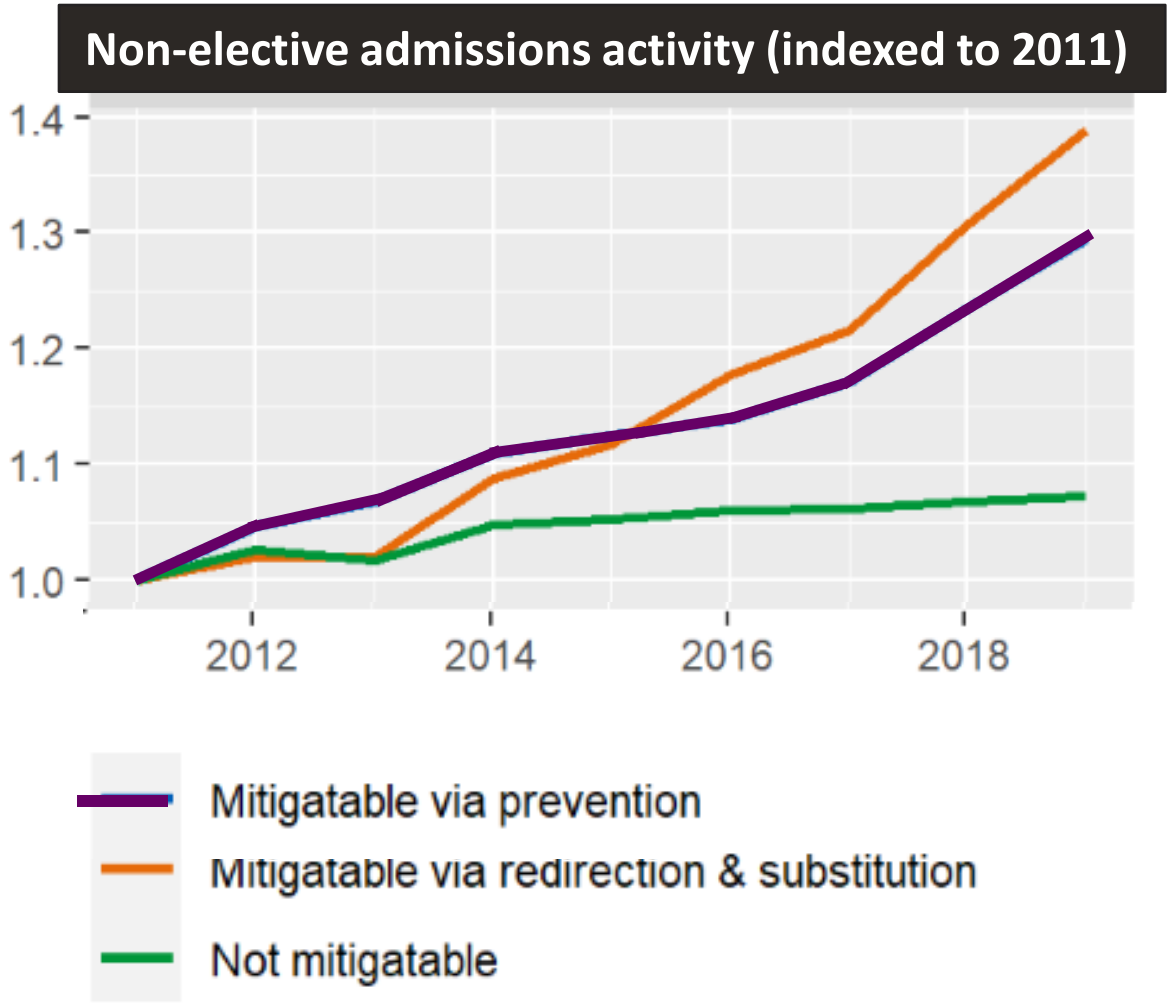


COVID-19 deaths per million (up to 8th March 2023) and percent with high or moderately high trust in national government (2023), 31 OECD countries



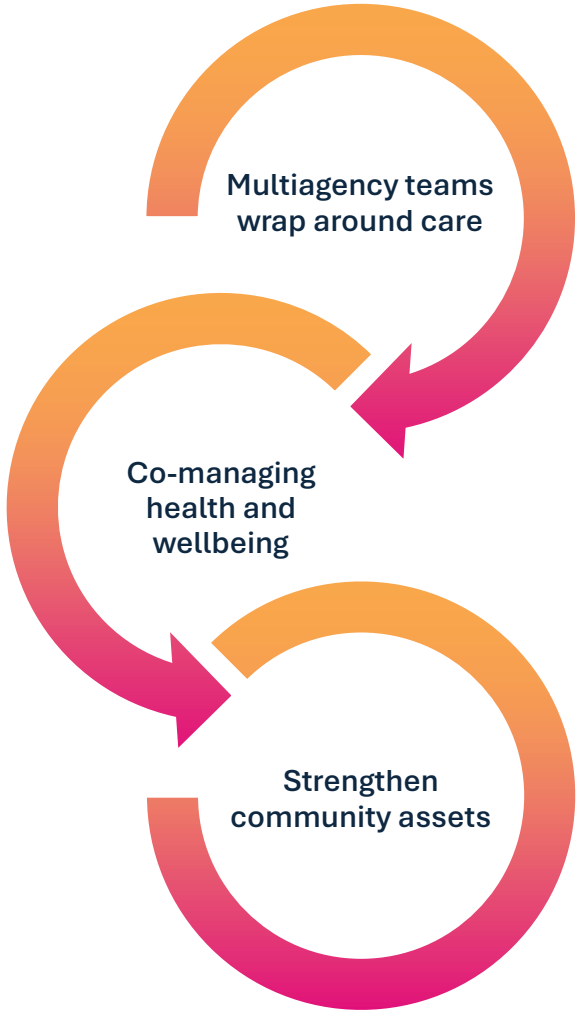
Source: OECD, 2024 & Our World in Data, 2023

INSTITUTE of HEALTH EQUITY



Wyatt et al, Estimating the macro level impact of efforts to mitigate hospital activity in English hospitals from 2013 to 2019: a retrospective database study

Neighbourhood working in action



Wrapping a single multiagency, multiprofessional team around the population cohort providing proactive and reactive whole person care

Activating the resourcefulness of people with LTCs, their families and communities to co-manage their long-term conditions and wider health and wellbeing, including using technology

Connecting people to and strengthening community led and community owned initiatives, assets and organisations and creating more health and more equity where people live

Hillingdon

-34% EM admissions
-56% ED attends
-3% Ambulance calls
Cross organisation integration digitally

Rochdale

-1.4% ED attends
-27% EM admissions
-7.8% residential home admissions
+15% returning home post d/c
96% ppl remain at home 90d post d/c

Morecombe Bay

-44% readmission rates at 4 weeks HIU
-64% readmission rates at 8 weeks HIU
-55% respiratory OPD appts
Improved MH
Increased prevention

The National Neighbourhood Health Implementation Programme: Enabling Gloriously Ordinary Lives

"shifting mindsets, how we work together and how we deliver care to support the health and wellbeing of our communities, recognising that health is wider than healthcare."

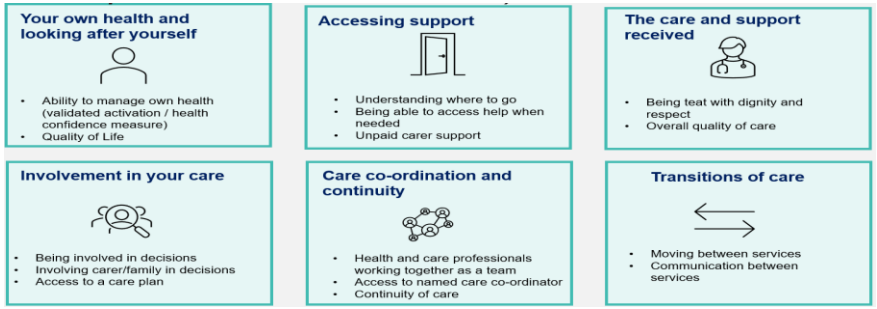
- a "tight-loose-tight" approach
- improvement collaborative
- creating the enabling conditions and infrastructure
- focus on relationships, partnerships, agency and outcomes that matter
- a cross-government approach
- coproducing the 'hard wiring' for sustainable change

The NNHIP is unlocking the drive and energy of staff and all partners by reigniting their intrinsic motivation to deliver the change -
141 applications received from 144 Places covering c42M of the population.

The Neighbourhood Health Index: Measuring integrated neighbourhood-based care

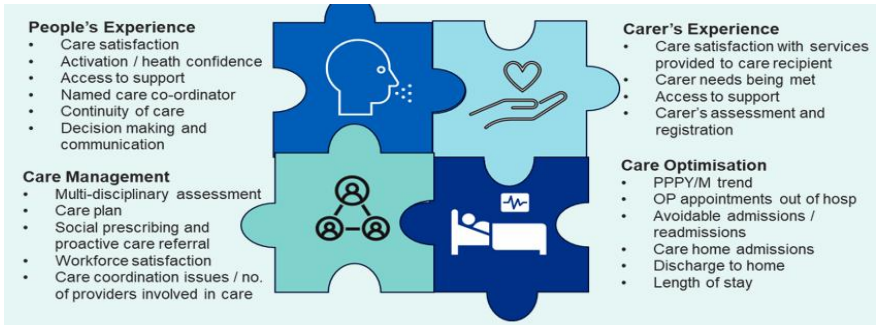
Why

Measure whole person outcomes triangulated with activity data to enable a connected system response, resource allocation and demonstrate the impact of providing more proactive, coordinated care and supporting people to co-manage their LTCs.



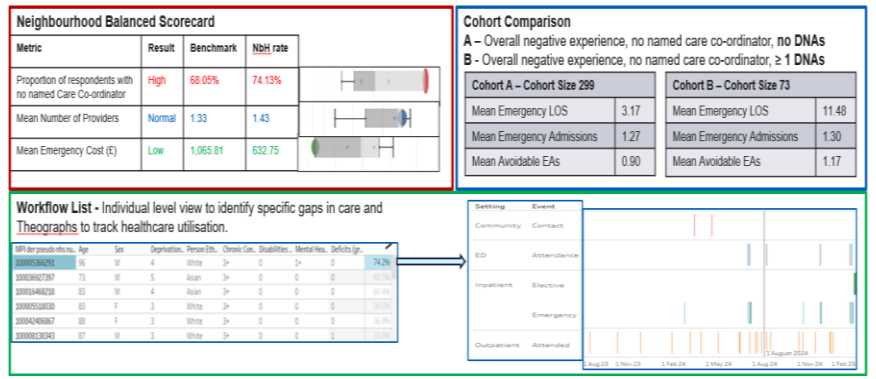
What

- **Targeted at specific** individuals living with multiple long-term conditions identified at medium and high risk of avoidable hospitalisation and long LOS
- **Linking patient reported data, clinical codes and activity data**
- **A linked carers survey** will assess the experience and health and wellbeing of unpaid carers
- **Actionable insight for health and care professionals** to identify (permission-based re-id) and follow up with individuals (where consent is provided)
- **Controlled evaluation** between cohorts of participating and non-participating sites and between individuals who receive specific care interventions



How

- **Cohort nationally**
- **Supplement locally**
- **Contact.** Using NHS App, SMS, email. Paper survey for those with no digital means.
- **Data** collected on health and wellbeing measures (EQ5D), wider determinants, activation and extent to which care is coordinated, personalised and accessible.
- **Link people's responses** (and their carers response) to person level data to track a core set of metrics and present to local sites to analyse further and act on by re-identifying at risk individuals.



If you’re excited about building neighbourhood health together – get in touch!

www.linkedin.com/in/minal-bakhai

Leadership Lessons from the Front Line

Tara Donnelly
Founder
Digital Care

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Case Study

fdb

First Databank

NHTeams

Case Study

Polly Shepperdson
Partnerships and Alliances Manager
First Databank

fdb
First Databank

My personal perspective and aspiration for neighbourhoods

Let's connect
Scan to connect on LinkedIn

Email
polly.shepperdson@fdbhealth.com

Research

- Health psychology
- Primary care innovation
- Clinical research

Community

- Wellbeing hubs
- Community-led care
- Local government

Real life

- Family health
- Caring responsibilities
- Health happens at home

Refreshments & Networking

Chair Morning Reflection

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

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Case Study

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Case Study

Priti Patel
Medication Adherence Specialist
Evondos UK

Supporting Neighbourhood Health, Medicines Optimisation and Demand Reduction

Enabling an independent life at home, securing the right medication at the right time

Priti Patel
Key Account Manager
Priti.patel@evondos.com

Medication Non-Adherence: A Hidden Driver of Poor Outcomes

Up to 50% of patients with long-term conditions do not take medicines as prescribed.

Non-adherence contributes to:

- Poor management of long term conditions
- Avoidable hospital admissions
- Increased pressure on primary and secondary care
- Medicines waste
- Increased demand on adult social care

As care moves into the community, neighbourhood teams need better visibility of medication-taking behaviour.

Let’s Look At The Nordics and Scandinavian Countries

They have invested heavily in

- Electronic Prescribing
- Shared Care Records
- National Medication lists
- Digital-first healthcare services

This approach focus on

- Prevention – detect risk earlier
- Integrated Care – co-ordinate interventions across care settings
- Patient Empowerment – enable self management
- Community-based delivery models - support patients in their own homes

"The good physician treats the disease; the great physician treats the patient who has the disease."
— William Osler

The Missing Link – From Prescription to Adherence

Nordic Programme Recognises

- Prescribing is only the first step
- Dispensing is the second step
- Adherence is where outcomes are achieved

Medication adherence technologies help answer

- Has treatment started?
- Are doses being missed?
- Is additional support needed
- Is the treatment genuinely ineffective

This creates opportunities for earlier intervention and personalised care

"Drugs don't work in patients who don't take them."
— C. Everett Koop,

former U.S. Surgeon General

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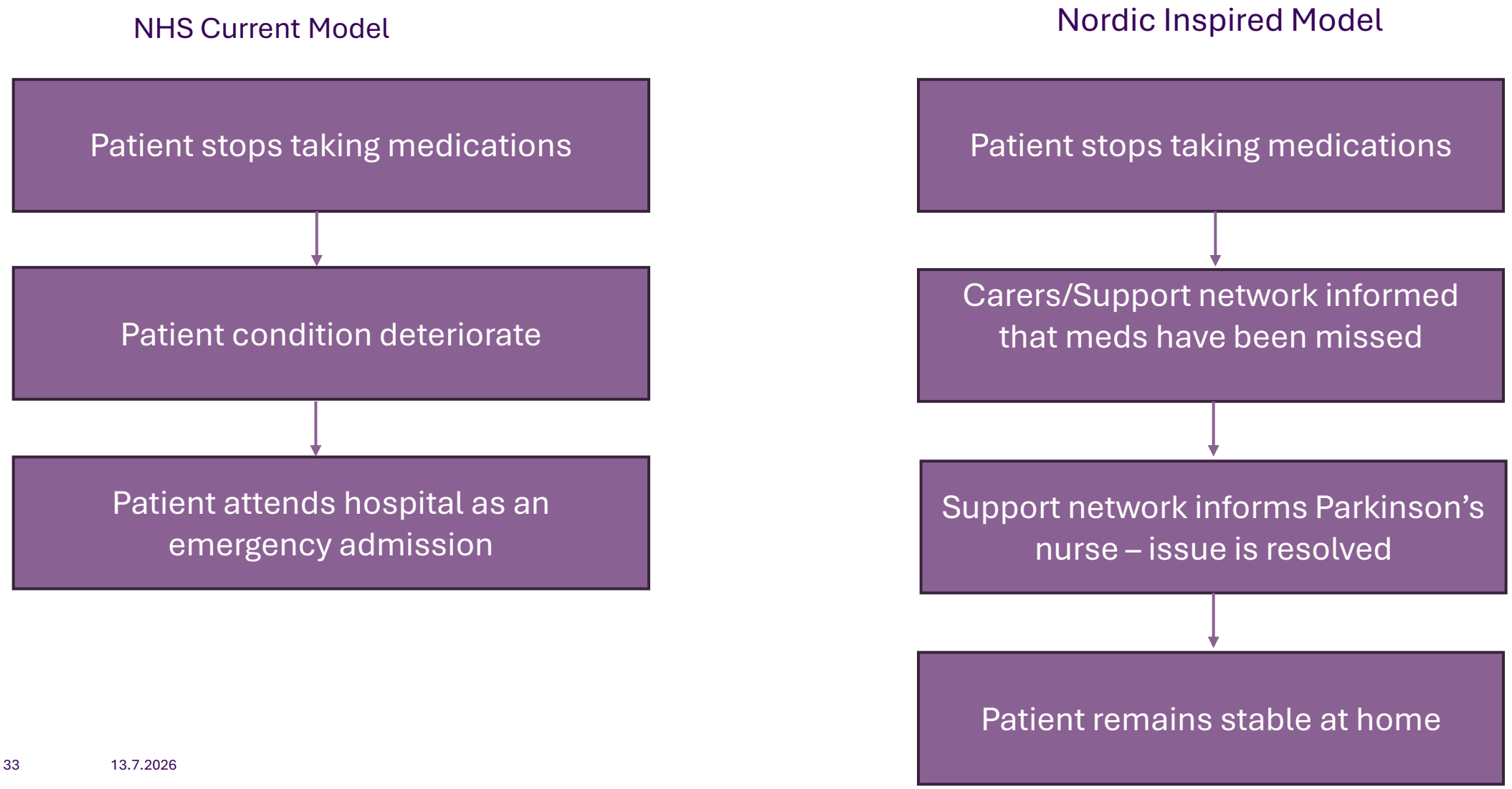
Practical Neighbourhood Example – Parkinson's Patients



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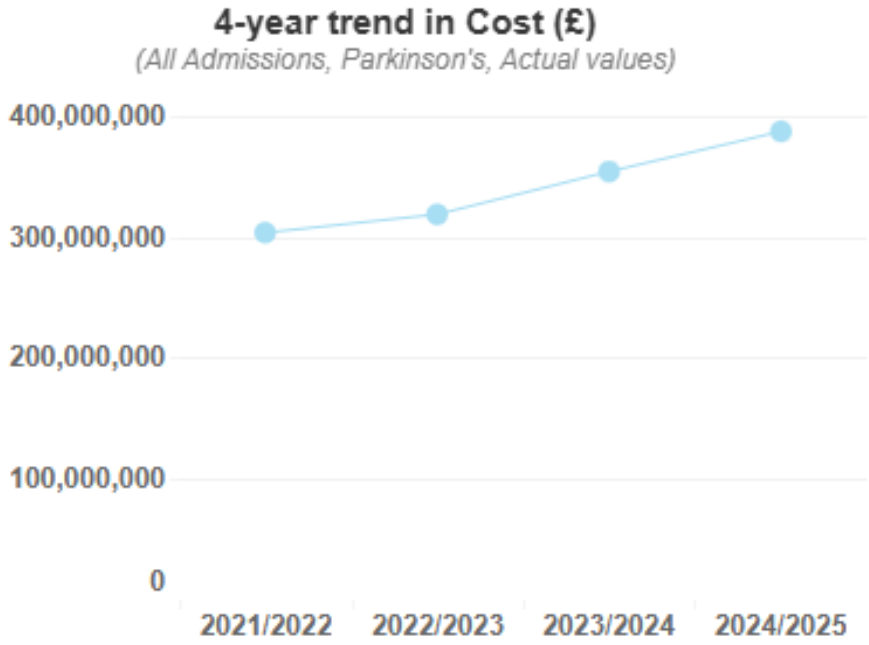
Hospital Emergency Admissions Parkinsons 24-25

	National Figures	SE London
Emergency admissions	70,955	1785
Number of patients	44,070	1035
Total Cost of emergency admissions	£325,564,348	£9,861,513
Cost per Non-Elective Admission	£7,390	£9,520
Emergency Bed Days	793,210	21000
Mean Length of stay	11.2	11.8
Excess Bed Day	90,710	1750
Excess Bed Day Costs	£28,828,167	609,873
Year on year cost increase	9.4%	11.9%



Hospital admissions for people with Parkinson's | HSJ Parkinsons UK Excellence Network

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European market leader in automated medicine dispensing

Established 2008

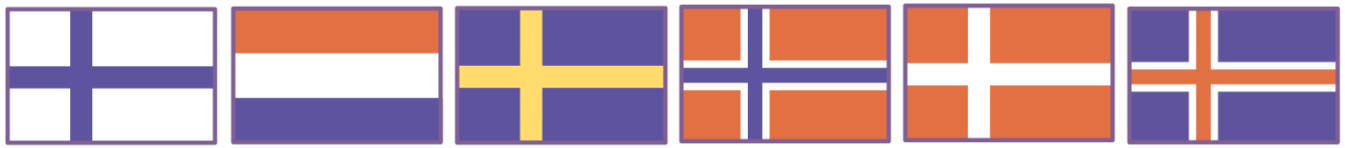
Medical Device Class 1 (CE-mark)

Regulatory Compliant

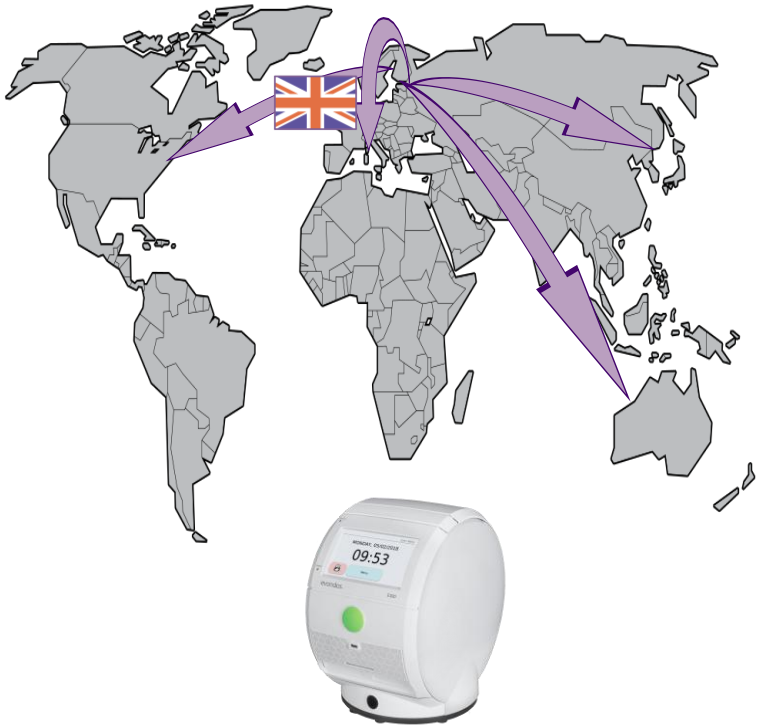
DPA2018 ISO 27001

Customers: +700 Councils/ Care providers

70m Euro Turnover



Providing a global market leading service



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MEDICATION
It is time for your medication,
please press the button
evondos
Press the lit
green button for
the medication

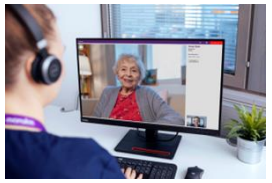
Evondos automatic medicine dispenser

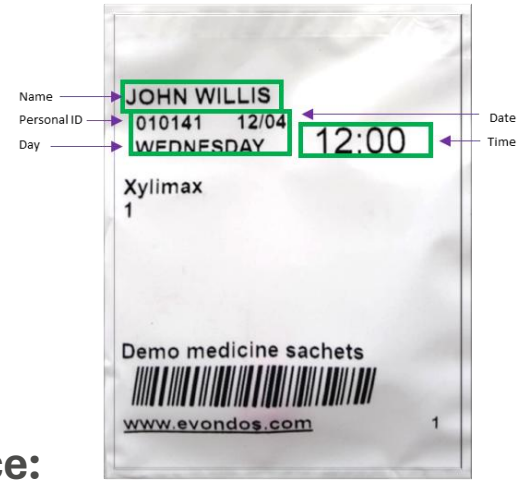
Overview

Video connection

(Evondos Anna version)

- **Direct connection** to the end-user





Locked medicine container

- **Storage for 2 - 4 weeks** of medications.
- **Alarm** at any attempt of forced entry.

Optimized adherence:

- **Automatically identifies the correct medication** for the right patient and time for the dispensing windows.
- **Timing for medication** is read via imprinted data on the sachets.
- **Automatic reminders also for non pill medicines:**
  - Liquid/powder and temporarily medicines
  - Doctor's appointments etc.

Only certified staff can access the medicine

- **Full traceability:** All operations executed with the robot are stored on a log:
  - Record of taken/non-taken medicines
  - Who/what has been done when logged in.
  - No risk of overdosing. Pills are only dispensed when the button is green.

Locked container for missed medications

- **Automatic alarm** to the care provider.
- **Only certified staff** can access the missed medications

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Who Benefits Within the Neighbourhood Team?

A Shared Resource Across the MDT

General Practice

- Better understanding of treatment effectiveness
- More targeted medication reviews

Community Pharmacy

- Proactive adherence interventions
- Risk stratification

Community Nursing

- Remote monitoring of vulnerable patients

Care Coordinators

- Proactive support
- Reduction in cost of care

Social Care Teams

- Improve care package commissioning

Patient

- Retain independence

Carers/Support Network

- Peace of mind

The result is a more coordinated neighbourhood response.

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New in 2027

RESPIRATORY RATE MEASUREMENTS

Respiratory rate is a strong predictor of adverse events yet often goes unmeasured. Vitacam eliminates human error often seen in RR observations.

HEART RATE MEASUREMENTS

More data, better outcomes. An elevated heart rate can indicate an infection or a response to medication.

HRV & HEART RHYTHM ANALYSIS

Vitacam offers additional data on heart rate variability (HRV) and heart rhythm as wellness features.

Supporting Population Health Management

Adherence data can become a population health asset

Neighbourhood Teams can

- Identify high risk cohorts
- Prioritise interventions
- Focus resources where they are most needed
- Target health inequalities

Example Cohorts

Frailty, Polypharmacy, Mental Health, Dementia, Parkinsons, Diabetes

"You do not rise to the level of your goals. You fall to the level of your systems."— James Clear, Atomic Habits

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Addressing Health Inequalities

Patients most likely to struggle with adherence often experience

Social deprivation

Multiple long-term conditions

Isolation

Cognitive decline

Limited healthcare engagement

Digital adherence systems can help neighbourhood teams identify those requiring additional support before they reach crisis point.

"An ounce of prevention is worth a pound of cure."
Benjamin Franklin

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Meet Sam, 27, Central UK

I couldn't leave supported accommodation because I struggled with my medication.

Mental Health & Supported Living Pathway

Evondos helped Sam to transition from 24-hour supported accommodation to independent living

How does Evondos impact the patient?

- Improved **independence**
- Improved **confidence**
- **Reduced reliance** on care staff

Benefits for the carer:

Improved adherence through automated dispensing

Supports getting the **right dose at the right time**

COSTS BEFORE
Pre-intervention care calls: £72,800

COSTS AFTER
Evondos service: £2,640

SAVE £70,160 per year

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CASE STUDY

Supporting Reablement After Discharge

Evondos supports the transition of patients from dependence to self-management

Meet Frank, 81, South UK

Benefits for the carer:

- **Reduced risk** of missed or incorrect dosage
- Helps to support **independent management of medication**
- **Improved** medication adherence

How does Evondos impact the patient?

- **Increased medication adherence** visibility
- Improved **wellbeing**
- Increased **confidence**

COSTS BEFORE
Pre-intervention care calls: £32,400

COSTS AFTER
Evondos service: £3,840

SAVE £28,560 per year

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CASE STUDY

Dementia & CHC Step-Down Pathway

Evondos helps reduce care dependency while maintaining medication safety in continuing healthcare

Meet Peter, 81, South UK

I have dementia and diabetes and require four daily care visits.

How does Evondos impact the patient?

Improved **independence**

Reduced anxiety

Improved **wellbeing**

Benefits for the carer:

4 Daily **medication visits** removed

Improved medication consistency

Since installation, Peter has **not experienced any medication-related hospital admissions**

COSTS BEFORE

Pre-intervention care calls: £6,240

COSTS AFTER

Evondos service: £2,000

SAVE £4,240 per year

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CASE STUDY

Post-Discharge & Virtual Support Pathway

Evondos supports complex medication regimens following hospital discharge

Meet Mary, 85, Central UK

I was discharged with a complex medication regime requiring daily visits.

Benefits for the carer:

Supports a **smooth transition** to managing medication at home

Mary's **medication adherence improved**

Virtual support **replaces daily in-person visits**

How does Evondos impact the patient?

Reduced disruption from daily care visits

Improved **confidence** managing medication

COSTS BEFORE
Pre-intervention care calls: £21,900

COSTS AFTER
Evondos service: £3,840

SAVE £18,060 per year

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CASE STUDY

Frailty & Diabetes Discharge Pathway

Evondos supports safe discharge by helping patients manage medication at home

Meet Anthony, 75, South UK

I live independently with diabetes but struggle with taking my medication on time.

Benefits for the carer:

Anthony has had **no hospital admissions since installation**

100% 50%

Medical adherence improved from **50% to 100%**

Supports adherence to medication **that may influence falls risk**

How does Evondos impact the patient?

No waiting for carers

Increased **independence**

Improved **wellbeing**

COSTS BEFORE

Pre-intervention care calls: £13,370

COSTS AFTER

Evondos service: £2,000

SAVE £11,700 per year

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"Medication adherence is not a pharmacy problem to be solved; it is a neighbourhood health opportunity to be enabled."

Thank you!

Contact details:
Priti Patel
UK Account Manager
priti.patel@evondos.com
Tel 07858 242950
www.evondos.com

Slido

Please scan the QR Code on the screen. This will take you through to Slido, where you can interact with us.

SCAN ME

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Case Study

airelogic

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Case Study

Liz Glidewell
User Researcher & Coach
NHS England & Aire Logic

Building safer, more transparent neighbourhood care

From audit to action through evidence to enable trusted transparency and trust

Liz Glidewell on behalf of the Patient Audit Records Service team

Keynote Presentation

Liam Cahill
Advisor to NHS and healthtech
Together Digital

Case Study

NHTeams

Case Study

Pasha Tanriverdi
Strategy and Development | Director
Everyturn Mental Health

James Cottrell
Healthcare Account Manager
Access Group

Barbara Slater
Clinical Manager
Hope Haven

Hope
Haven

Stay Connected Beyond Today

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Visit every stand for your chance to win a £100 voucher!

Lunch & Networking

Chair Afternoon Address

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

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Case Study

anima

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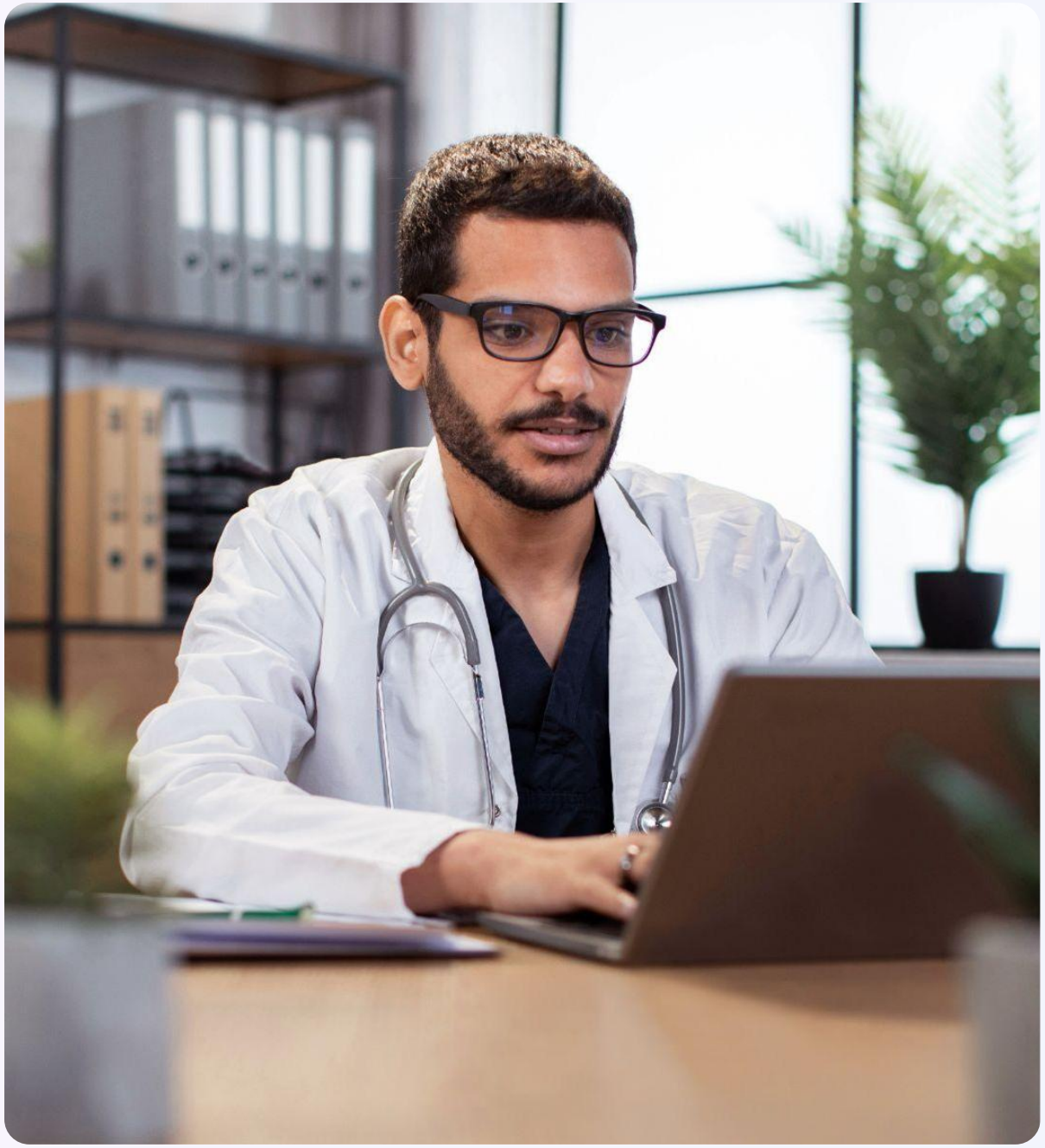
Case Study

Jake Jeffries
GTM Lead, Neighbourhoods & Secondary Care
Anima

anima

The integrated care platform, powered by AI



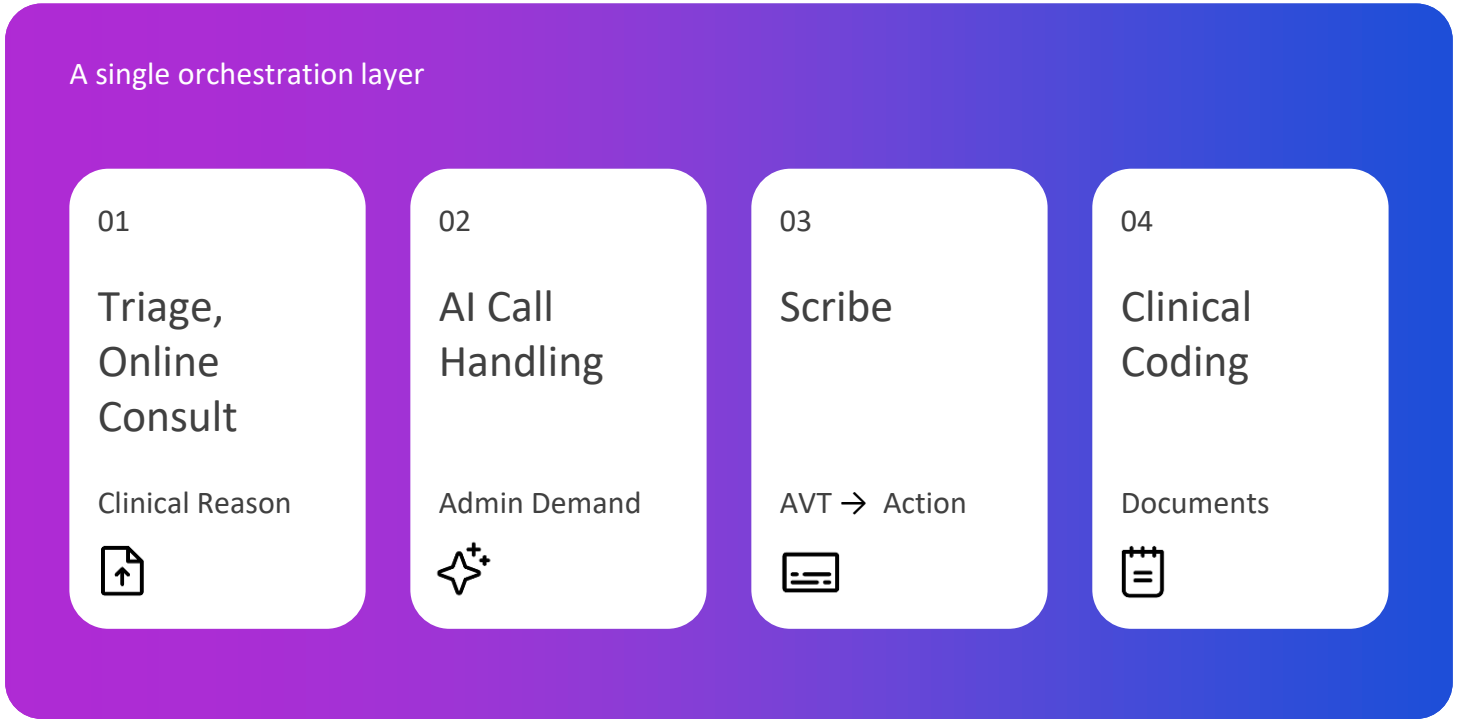
June 2026

anima

The health system is only as good as its operating layer.

anima

The integrated care platform



1,100+
NHS customers on the Anima platform

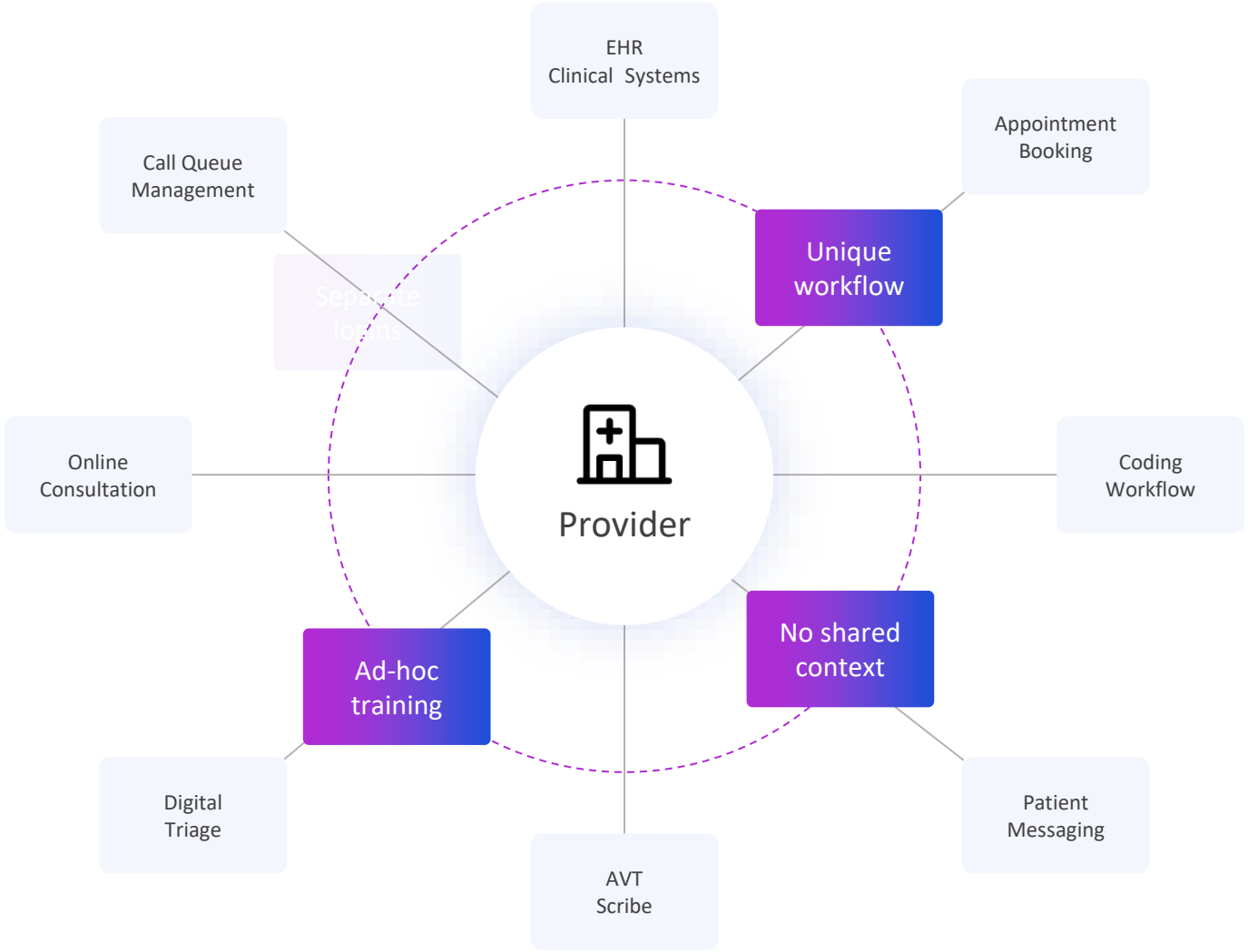
25%
of the UK population covered

240%
YoY Growth across the UK

95%
Clinical requests resolved same-day

4.5x
Clinical coding capacity

The answer is not more software…



- Point solutions can improve individual tasks.
- But every system adds another login, process and handoff.
- In the aggregate, the practice gets slower instead of faster.
- The patient experience gets worse instead of better.
- Your job gets harder instead of easier.

Our answer: Orchestration

anima

Unstructured input

- Letters
- Calls to reception
- Consultations
- Documents
- Emails
- Online requests
- Referrals

Agents

Triage, Voice (Andi), Scribe, Docs, Recall and more.
Capture, process and complete
work across every channel.

Orchestration

Proactive and preventive care at scale.
Route work intelligently between
AI agents and human staff.

Shared Patient Context

Unified across every channel.
Every interaction draws from and
builds on the same patient history.

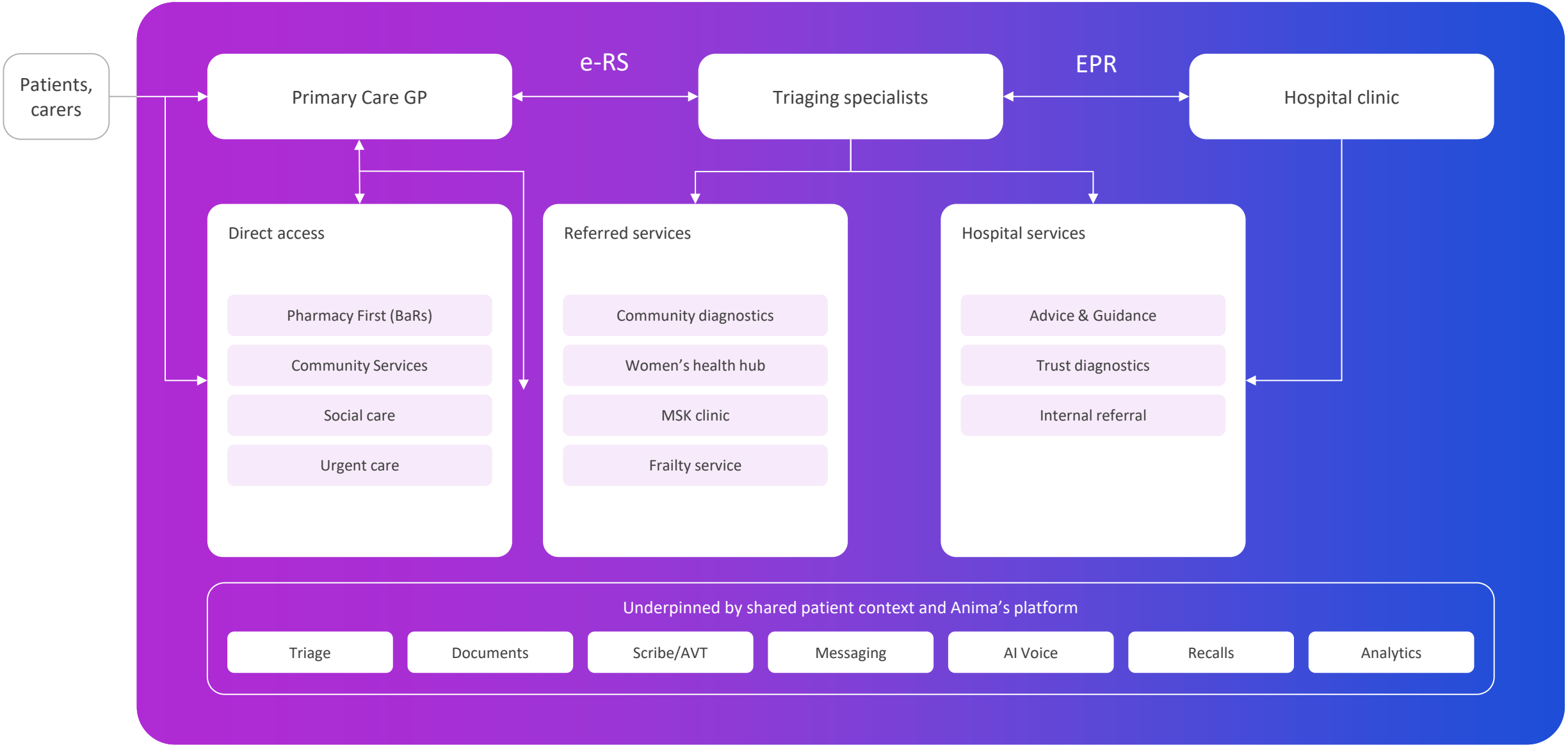
Anima

The integrated care platform solving practice overload.
One login. One workflows layer.
One source of context.

Connected care outcomes

- Equitable access
- Unlocked capacity
- Reduced Admin Burden
- System-wide insight

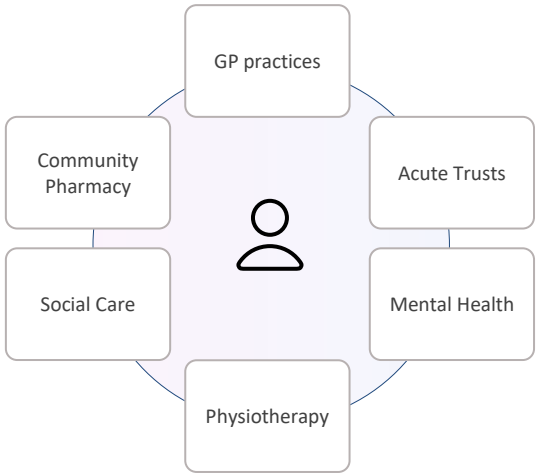
One platform, orchestrating care across systems.



The network effects of the Anima platform

Phase 1

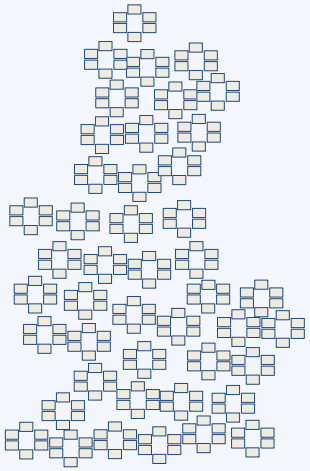
Local digital foundation



- Anima live across 1000+ practices
- Every practice gets the tools to handle demand and free up staff time
- The unlock for Neighbourhood health framework

Phase 2

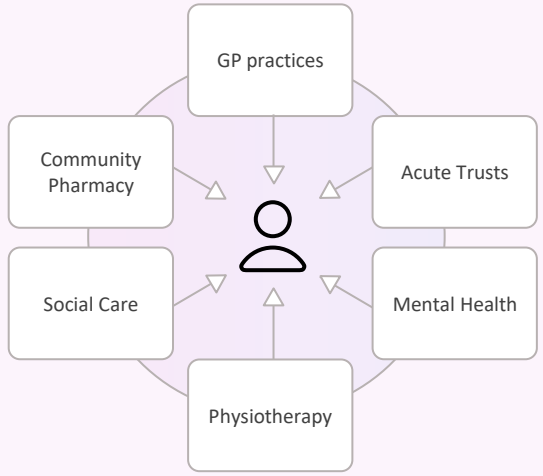
Population scale network



- Staff and resources shared at national level
- PCN-level demand visibility
- Backlogs eliminated everywhere

Phase 3

Predictive and preventive care



- Identify needs before escalation
- Shared context to trigger proactive care
- Shift from reactive to preventive intervention

From ‘appointment-first’ to ‘outcome-first’

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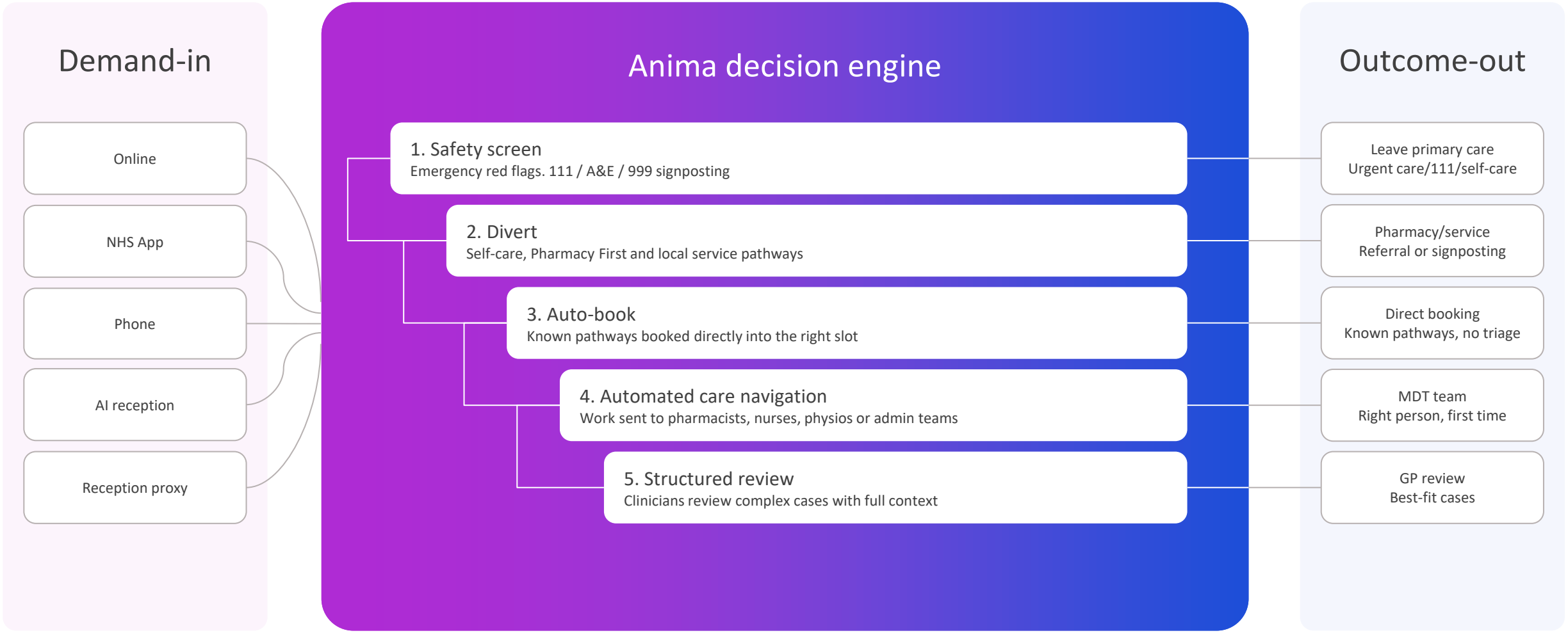


Derby & Derbyshire ICB: Single Point of Access

anima

PATIENTS COVERED

124,900

registered population

REQUESTS PROCESSED

53,550

in ~10 weeks

SAME-DAY ACTION

80%

of all patient requests

INSIDE THE PROGRAMME

Royal Primary Care: one triage team across four sites.

50,000+ patients across four sites, 577 requests a day, all handled by a single team and single point of access.

Anima is proven, integrated and ready for national delivery

anima

Clinically Safe, Cyber-Secure

NHS Digital

MHRA

Widely Adopted

Covers 24%
UK population

36/36 ICBs have
used Anima

Award-winning

Winner of the
HSF Digital Awards 2024
in partnership with
Brookside Group Practice

Used by 1,100+ NHS Customers. Integrated into the NHS App.

Panel Discussion

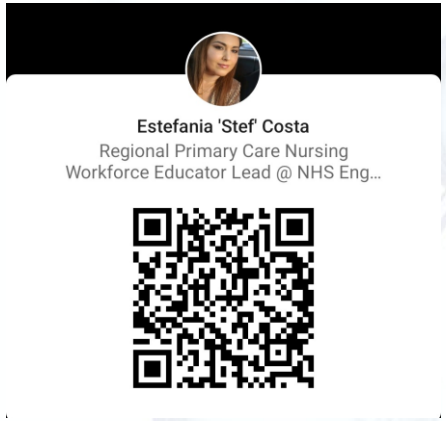
Estefania Costa
Regional Primary Care Nursing Workforce
Educator Lead, East of England
NHS England

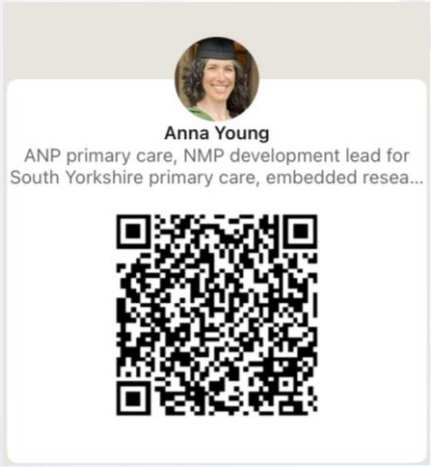
Alex McGarvey
Nurse Partner, Clinical Director
Lea Vale Medical Practice

Gil Ramsden
Professional Lead for General
Practice Nursing
Leeds Community Healthcare Trust

Anna Young
Advance Nurse Practitioner, Primary Care
Independent Prescribing Development Lead &
Advance Practice Training Programme Director
Primary Care Doncaster / NHSE / Firth Park
Surgery / RCN

Please connect with us!





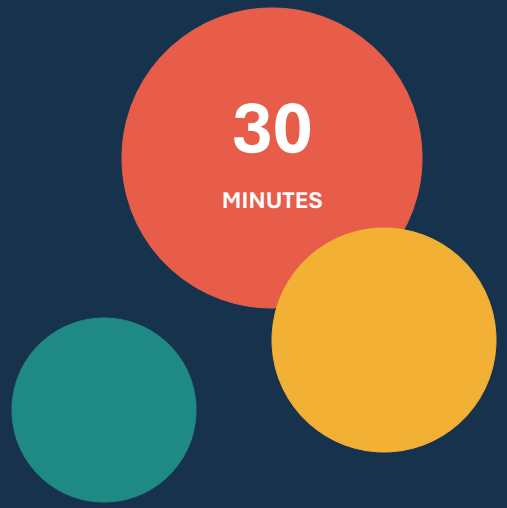
Skills Clinic

Dr Mayur Vibhuti
Chief Clinical Information Officer
NHS Kent & Medway

Helen Gillivan
Director of Adults and
Integrated Commissioning
Kent County Council

NEIGHBOURHOOD HEALTH SKILLS SESSION

Designing Neighbourhoods to Really Work



Neighbourhood health will not fail because of a lack of strategy.

It fails when we have not designed for how humans actually work.

Dr Mayur Vibhuti & Ms Helen Gillivan

Health + Social Care integrated facilitation

Notice it. Name it. Redesign it.

01

NOTICE

Language + power

0-8 min

02

NAME

Context + safety

8-15 min

03

REDESIGN

CLEAR + Voice

15-30 min

Keep one real neighbourhood meeting or pathway in mind.

LIVE PULSE

The words we choose reveal the system we carry into the room.

Which term do you use most?

PATIENT

CITIZEN

RESIDENT

PERSON

SERVICE USER

CLIENT

Then ask: Which one makes you uncomfortable?

Different labels centre different relationships.

PATIENT

illness + treatment

CLIENT

service relationship

PERSON

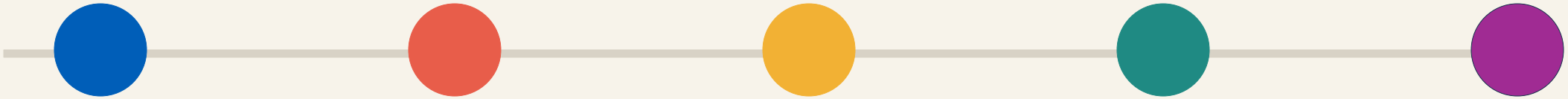
human identity

RESIDENT

place + belonging

CITIZEN

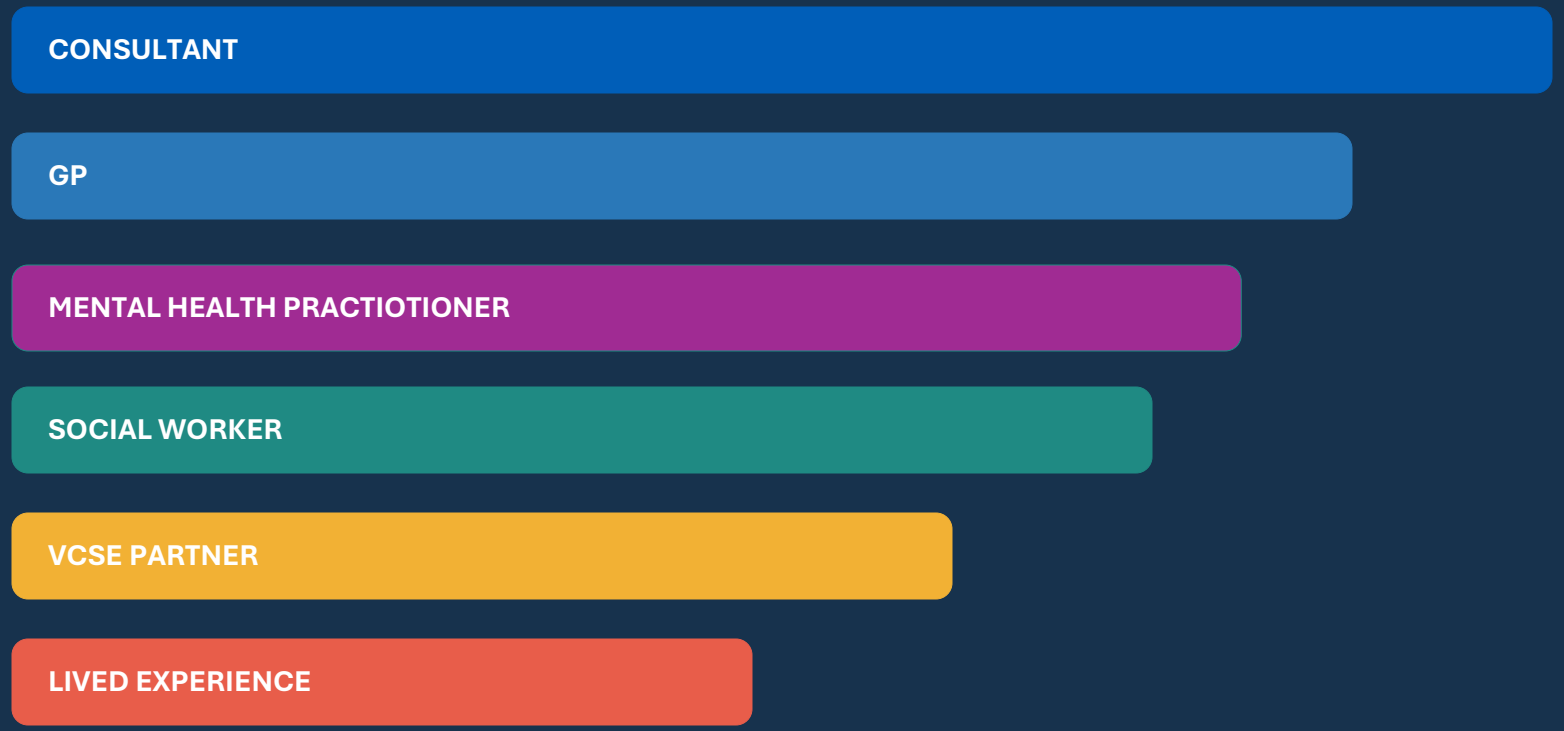
rights + participation



Not wrong. Different. The skill is noticing what each frame makes visible - and what it hides.

Neighbourhoods need every voice - but voices do not arrive with equal weight.

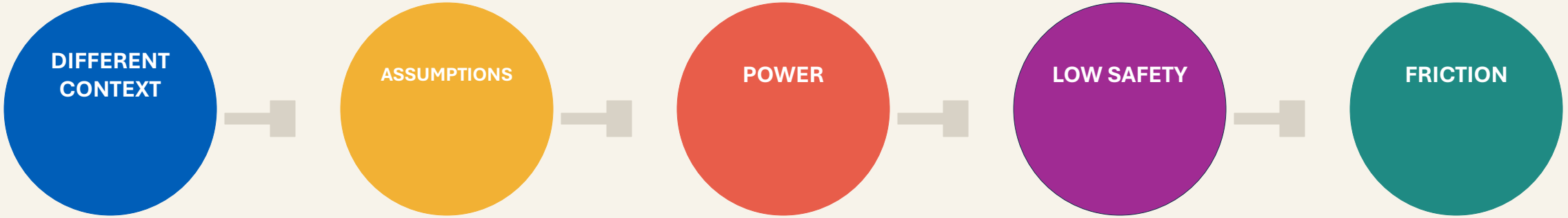
Which view feels easiest to challenge?



Then ask:

Whose view is most likely to become the plan?

Missing context becomes harm through assumptions, hierarchy and silence.



We mean different things.

We fill in the gaps.

Some interpretations carry more weight.

People stop checking.

Ownership blurs. Risk moves. Voices disappear.

The integration challenge is not only integration of organisations.

It is integration of meaning.

Most MDT language asks outsiders to guess.

HIGH CONTEXT

**"Social care are aware.
The GP will keep an eye.
Community services will pick that up."**

Who? What? By when?
What does 'aware' mean?

SHARED CONTEXT

**"Sarah, social worker, will visit by Thursday.
Dr Patel will review medication Tuesday.
District nursing will monitor weekly."**

**Visible ownership. Visible timing.
A plan everyone can challenge.**

Explicit does not mean bureaucratic. It means coordinated.

Context and safety determine what the team can do.

A familiar sentence contains multiple failure points.

"Mrs Khan is medically fit. Social care know her. Her daughter is struggling, but the community team will pick it up. Let's discharge today and keep an eye."

ASSUMPTION

What is being taken for granted?

OWNERSHIP

Who actually owns the next action?

VOICE

Who is affected but absent?

Take 30 seconds at your table.

CLEAR + Voice turns hidden friction into six questions.

C — CONTEXT

What matters to the person?

L — LEAD

Who owns the next action?

E — EXPECTATIONS

Who is doing what, by when?

A — ASSUMPTIONS

What might others be assuming?

R — RISK

What risk are we accepting?

+ — VOICE

Whose voice is missing or least heard?

Use it as a conversation - not another form.

TABLE WORKSHEET

Redesign one neighbourhood moment

Scenario / real moment:

C CONTEXT	What matters to the person?	**L LEAD**	Who owns the next action?
E EXPECTATIONS	Who is doing what, by when?	**A ASSUMPTIONS**	What might different organisations be assuming?
R RISK	What risk are we accepting?	**+ VOICE**	Whose voice is missing or least heard?

OUR REWRITTEN ACTION

In your next neighbourhood meeting...

What will you make visible?

ASSUMPTIONS

Make them discussable.

OWNERSHIP

Make it explicit.

VOICE

Make it safe to speak.

The teams that succeed are not necessarily those with the best structures.

They create shared context faster than the system naturally would.

NHTeams

FEATURED ORGANISATIONS

The WINNER for Visiting Every Stand Is...

Stay Connected Beyond Today

Join the **HES Workforce & Care Integration 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.

Scan the QR code to join the Community