

NEIGHBOURHOOD NAVIGATION: A ONE TEAM APPROACH TO SOCIAL PRESCRIPTION

Neighbourhood Navigation is an expanding service within **West London** (Kensington a& Chelsea). It is **well-integrated** across the **South of Kensington and Chelsea** Neighbourhood Health Team, operating out of ‘**Community Corner**’ at our **local Health and Wellbeing Hubs**.

The service is easily **accessible** via **drop in, self-referral, community referral, or GP referral** and is **open to all ages** – anyone living in the local area or registered to one of our **17 local practices (c.150k)**.

With an ethos of **continuous improvement**, Neighbourhood Navigation remains **agile** and **adaptable**, continuously **evolving based on routinely collected data and community needs**.



FOCUS ON PREVENTION, PROACTIVE AND PERSONALISED CARE...

HEALTH PROMOTION

CVD Clinics and Health Promotion, 25/26 Year to Date:

- **2,438 CVD appointments** offered YTD (3,250 forecast full year)
- **1,873 AF checks**
- **1,876 BP checks**
- **1,520 people asked about smoking status**

Prevention of, up to, **3 – 4 serious cardiovascular events** over a 5 year period, and **one premature death** due to smoking.

FREE EVENTS

Navigators host at least two free community events each week, open to all.

Free Community events in the past 12 months:

- **120 events delivered**
- **16% of referrals** connected to activities
- ‘**Events**’ one of the most common referral reasons for: **under 25's, 25-35, and 55-64.**

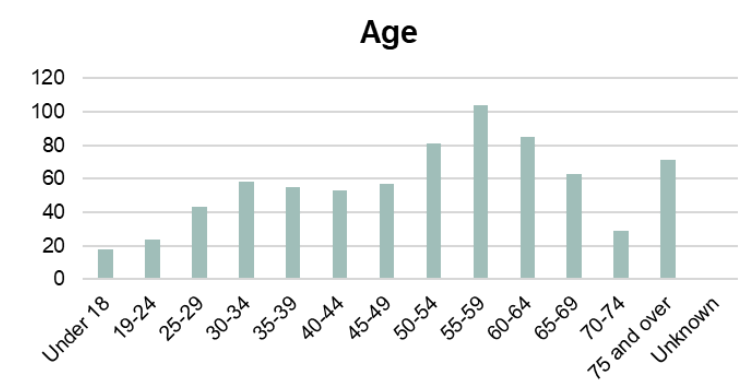
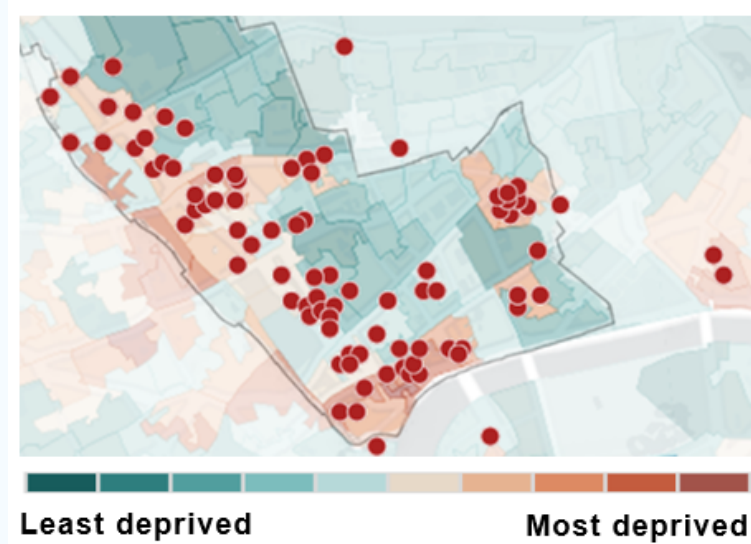
CASE MANAGEMENT

Since formal case management started in August 2024:

- **1,401 referrals** received (90% accepted) - **14,681 contacts**
- **2,973 in person** (20%) – much greater than other Social Prescribing services
- **3,333 on phone or video** (22%)
- **2,859 email or letter** (20%)
- **5,516 text** (38%)

Average: **8 weeks on caseload**, 9.8 contacts per patient (**4 appointments**)

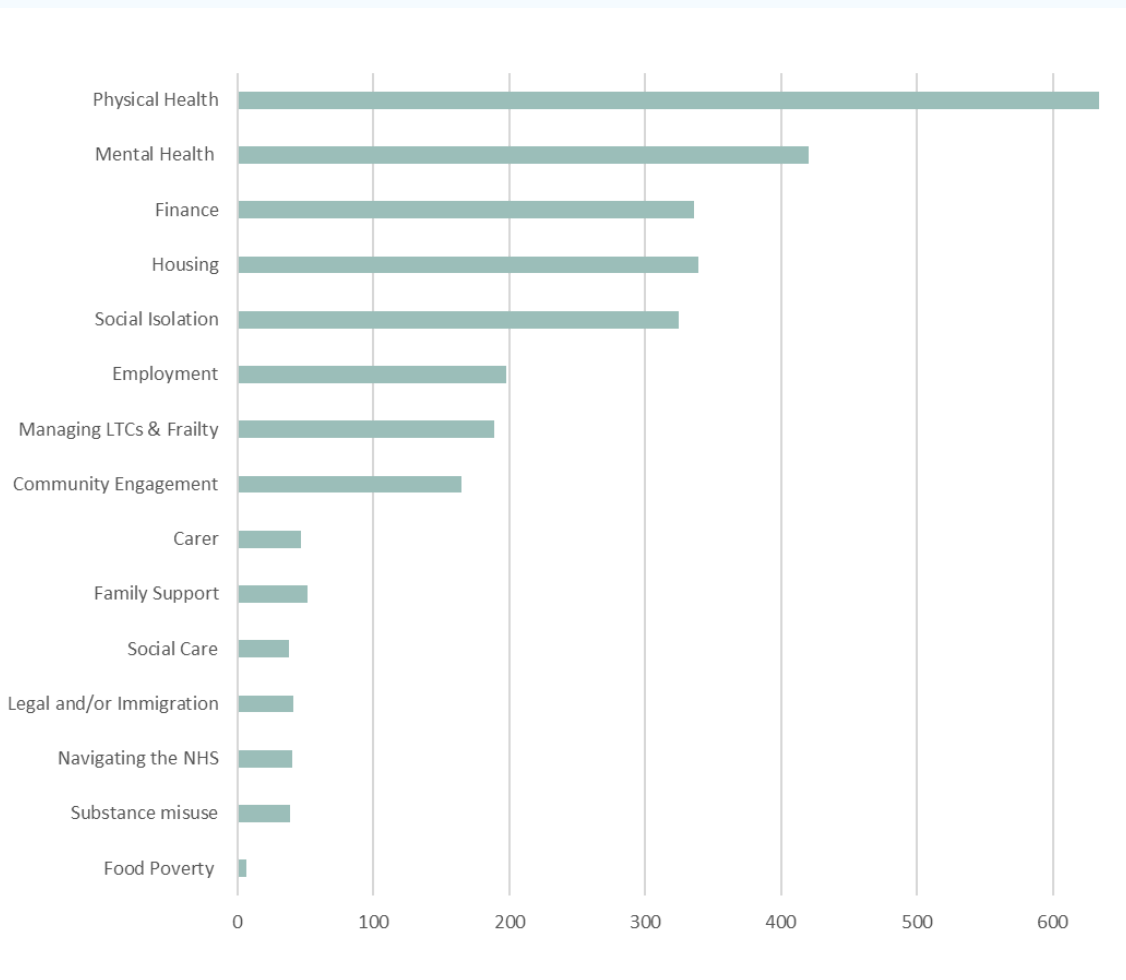
WHO IS SUPPORTED, AND WITH WHAT NEEDS?



The south of Kensington and Chelsea is typically seen as affluent; referral data highlights that residents **experiencing challenges and inequalities are accessing the service**. Referrals are distributed across the South of RBKC, with **clear clustering in areas with higher deprivation**.

Majority of clients are under **65 (78%)**, with **55-59** being the most common age range (**14%**), followed by those aged **50-54** and **60-64 (both 11%)**.

Navigators are supporting where health and wider determinants intersect, with clients requiring **coordinated case management** rather than **simple signposting**.



DEMONSTRATING THE IMPACT

Navigation delivers system impact, reducing demand while improving patient outcomes. Early evidence suggests **reduced reliance on primary care** and **acute services** in the 3 months post-discharge.

SYSTEM IMPACT

36% Reduction in **GP Appointments**

68% Reduction in **A&E attendances**

56% Reduction in **MED-3s issued**

PATIENT IMPACT

98% **Client satisfaction**

40% **Improvement in average wellbeing score**