What role do acute providers play in neighbourhood health?

June 2026

1. Introduction

The 10 Year Health Plan puts neighbourhood health at the heart of government ambitions for delivering more patient-centred care, reducing fragmentation, and improving population health outcomes.

The recently published neighbourhood health framework describes neighbourhood health as putting "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 population." This will span a wide range of services – from high-street pharmacies and general practice through to urgent care and outpatients.

As a group of ten of the largest teaching and research hospital trusts in England, we have been exploring together – and with experts in primary and community care – the role of acute providers in driving and supporting neighbourhood health.

This report distils the learning gathered over the past year, drawing on insights from external partners, as well as outlining areas that will require further policy thinking and development to make neighbourhood health ambitions a reality.

2. The role of acute providers

As a group of hospital providers, we are fully supportive of and committed to the principles set out in the 10 Year Health Plan, to make care more proactive, person-centred, and accessible. For many patients, specialist input will remain essential to achieve the best health outcomes, however evidence suggests that hospitals are not necessarily the best place to receive this care, particularly for frail, older patients.

The central question for acute providers is therefore one of evolution: how can hospitals interact and interface with the rest of the system in a way that blurs traditional care boundaries, making care less fragmented and more focused on the patient?

This question pertains to the full range of care pathways; from transforming outpatient care to improve patient experience, through to designing joined-up, proactive approaches to avoid unplanned admissions in urgent and emergency care.

We see the role for acute providers in neighbourhood health as follows:

i. System working

Our explorations surrounding neighbourhood health have consistently brought us back to the importance of integrated system working, and the absolute necessity of investing time and energy into building strong relationships – the foundation of effective partnerships.

All parts of the system hold their own unique assets and expertise, from volunteers in local communities, through to tertiary specialists. In order to build effective working relationships, acute providers should recognise where their assets can be best deployed to support wider system efforts, while also operating with humility. Acute providers are not experts in many aspects of neighbourhood and population health, therefore leaning into the collective strengths of all partners is essential.

An important role for acute providers in the context of system working will be to use their capacity and change management capabilities to take on responsibility for larger infrastructure that benefits from scale, e.g. procurement, digital, and data analytics.

Hospital at Home and community partnerships

In Manchester University NHS Foundation Trust, Hospital at Home combines the skills of doctors, nurses and other specialist health professionals with the latest health technology to deliver 'the care of hospital, the comfort of home'.

From September to December 2023, readmission rates for patients treated via this model fell by 35%, and mortality rates reduced by 11%.

Multidisciplinary teams provide a range of services through this model, including taking services directly to patients' homes to provide assessments and care. If a patient needs more complex diagnostic tests as part of their care, they can be fast-tracked for an appointment and then return home without needing to be admitted to hospital.

Key to the model's success is technology, data infrastructure, and strong collaboration; hospital and community teams working in partnership with GPs and primary care teams.

As well as their Hospital at Home model, the trust has developed a partnership with Moss Side Millenium Powerhouse, a community centre rooted in one of the most diverse neighbourhoods in the country, with some of the worst health outcomes. There is a poor take-up of cancer screening and vaccination, as well as low levels of trust in statutory services.

Neighbourhood Health Champions are working to improve health outcomes in Hulme, Moss Side and Rusholme by connecting with people in a new way. The Champions are local people, recruited from the community and trained by the NHS to raise awareness of health and wellbeing issues and offer advice and signposting.

Champions work where people are – at home, in the street, at events and in community spaces like barbershops and cafés. They build trust and break down barriers because they know people and know the

neighbourhood. By working in partnership with other community organisations, they offer support around other health determinants, like housing, energy, benefits, loneliness and food banks.

There are now around 100 Champions with over twenty languages spoken. This is a project designed by the community, for the community, and it's already making a big difference:

- *Supporting Population Health Management by conducting blood pressure checks, supporting bowel cancer screening and MMR, Covid and Flu vaccination uptake (including addressing autism concerns) that has led to rises in take-up in the neighbourhood;*
- *Supporting the identification of eligible people requiring Abdominal Aortic Aneurysms (AAA) screening, and staging screening sessions in the neighbourhood for the first time;*
- *Helping people register with a GP (including wider digital exclusion support).*

ii. Specialist expertise outside of the hospital

For a growing number of people with multiple or complex care needs, 'what good looks like' will stretch across a number of traditional service boundaries; for patients, the less visible these boundaries, the better.

A key opportunity to improve patient access and experience lies in connecting specialists into integrated neighbourhood teams; taking them out of the hospital setting, and designing job plans to enable them to work directly within the community. Hospital specialists are often missing from the integration conversation, despite having much to offer.

As previously stated, this will all be built on the strength of ongoing relationships between specialists, primary and community care – breaking down barriers, and acquiring new knowledge across the care pathway.

By recasting the relationship between specialists and primary care, acute trusts can use their capacity to take pressure off other parts of the system, and will benefit from gaining a more holistic view of their patients. Patients in turn will experience less fragmented care.

Closer working relationships will also allow for learning on the different approaches to risk; this is a frequent source of friction within the system, and will only be improved through more frequent and embedded collaboration.

Out-of-hospital specialist integration

In North-West London, the Connecting Care for Children model demonstrates how closer working between acute and primary care can benefit patients.

This model of care moves specialist expertise out of the acute setting, and embeds it directly into primary care and local settings; paediatric consultants from Imperial College Healthcare NHS Trust join GPs and mental health professionals in regular multidisciplinary teams.

The Child Health GP Hub model includes three different elements:

- *GPs have open access to their neighbourhood paediatrician and the children's health specialists at the paediatrician's hospital, by phone and email;*
- *The paediatrician provides specialist outreach clinics and supports multidisciplinary meetings in their GP hub every 4-6 weeks;*
- *The Hub builds relationships and works with champions in the community to improve the health of local populations.*

In 2023, a value analysis covering North-West London Integrated Care System, which serves a population of 2.5 million people, projected an annual investment of approx. £200k to put child health hubs in every Primary Care Network across the system, which would result in efficiencies of approx. £2.4 million a year. By addressing health issues earlier and more holistically within the community, the model results in 13% fewer GP appointments and fewer mental health referrals, while simultaneously improving both child health outcomes and the experience for patients and staff.

In a similar vein, Cambridge University Hospitals NHS Foundation Trust have aligned a respiratory consultant to a PCN, working jointly with the local respiratory Advanced Care Practitioner. This has improved patient experience, improved access to diagnostics, and reduced unnecessary outpatient appointments.

Working in this way allows patients to receive more of their care in their local area, whether ACP-led, or from satellite clinics provided by the CUH specialist.

CUH are now working with primary care partners to test and develop this model more widely, including exploring formal shared care protocols which improve access to timely, local care; upskill community nursing staff; and free up specialist clinician time.

iii. Not a simple 'lift and shift'

Neighbourhood health cannot be delivered via a 'lift and shift' approach. Moving the care currently delivered in hospitals directly into a community setting is doomed to fail – the community capacity doesn't exist to absorb demand, and the approach isn't cost effective.

Instead, we must think more transformatively about what good care pathways look like from a patient perspective, as well as grappling with the issues of overdiagnosis and overtreatment.

Proactive care for multiple long-term conditions

Over the past 18 months, providers (including University College London Hopsitals NHS Foundation Trust) and GPs across North Central London have worked with UCL Partners to tackle the barriers that prevent people with multiple LTCs from receiving coordinated, proactive care.

The work has brought together a small multidisciplinary team of GPs and long-term condition (LTC) specialists from nephrology, clinical pharmacology, respiratory medicine, diabetes, and palliative care, with input from cardiology and mental health, and with clinical coordinators and admin support. The team works across specialties to achieve a multiple-LTC capability.

The model of care is based around primary care networks, with proactive case-finding to support better management and coordination, drawing in specialist input to guide decisions and ensure any outpatient contacts are timely and purposeful.

Across eight PCNs, the team held 170 hours of multidisciplinary team meetings and reviewed more than 1,000 patients. Managing the same cohort through traditional outpatient pathways would have taken roughly 400 hours and relied on slow, correspondence-based interactions between services.

Patients were prioritised according to their number of conditions, number of providers inputting, obesity, and smoking. The team also started with the youngest adults first, with a view to prioritising those where improved health management would be most impactful over the life course.

There are a number of key lessons to draw from this work:

- *The need for a strategic, system-wide approach to data sharing, information governance risk and clinical assurance, as well as workforce portability arrangements to make collaboration more effective;*
- *Acute care providers must move beyond the outpatient clinic as the default model; consultant job plans should include dedicated time for neighbourhood working, i.e. collaborating with primary care colleagues and contributing to multidisciplinary discussions;*
- *The enabling power of coordination roles and digital infrastructure in developing new case-finding approaches that promote early intervention and a more proactive model of care.*

iv. Role of integrated providers

Several Shelford Group members operate as integrated acute and community providers, occupying a unique position in the current landscape. These providers span the traditional care divide, and are therefore well-placed to lead the way in developing new integrated models of care.

As policy related to Integrated Health Organisations develops, we would welcome further exploration of the impact of vertical integration, specifically focusing on whether this model can help to shift the dial more effectively in improving population health, as well as determining whether integrated providers can manage financial flows along care pathways in a more effective way.

Early intervention in children's community nursing

In South London, the Evelina London Patch Children's Community Nursing team (part of Guy's and St Thomas' NHS Foundation Trust) provides early intervention and holistic care for children and young people with asthma, eczema, and constipation.

Their proactive approach has significantly improved outcomes for local children. Six months after engaging with the service, patients are:

- *45% less likely to visit their GP*
- *54% less likely to require hospital admission*
- *18% less likely to attend A&E*

The Patch service was created collaboratively with families, clinicians, and researchers to enhance care for children through the Children and Young People's Health Partnership. This joint-funded initiative supports the wider Lambeth Together partnership by reducing pressure on GPs and acute hospital services, while ensuring children receive care in their communities from a dedicated team.

v. Organisational focus and leadership

For leaders in acute providers, neighbourhood health will necessitate a 'double running' ethos.

Leaders must simultaneously manage immediate performance pressures while also investing time and energy in the relationships and infrastructure required to build a more sustainable health system for the future.

If we don't invest outside of the four walls of our hospitals, and deploy our strategic, financial and operational capabilities into supporting the wider system, we will not bend the curve on spending or improve the long-term health outcomes of our local populations. This can't be the work of just a few individuals; it requires a full cultural shift across the organisation.

3. Policy areas for further exploration and development

While the exploration of neighbourhood health concepts has crystallised where hospitals can best support and drive this work forward, several policy areas remain that require further thought at both national and local levels:

i. Financial reform

Ambitions to shift care upstream and into the community have featured in policy papers for decades. Much of the failure to deliver on these ambitions can be attributed to the designs of financial flows, which have neither enabled nor incentivised a more preventative style of care. If neighbourhood health is to be a success, reform to the existing financial architecture is needed.

Taking money out of acute care and into the community will not equate to a significant reduction in pressure on acute demand, at least in the short-term; and given the government's ambitions on reducing waiting lists and improving waiting times, there is a tension between these two agendas that will likely lead to inertia if not addressed.

Countries that have successfully achieved a greater shift of care into the community, e.g. Denmark and Ireland, have seen an overall health budget increase to help address the 'double running' issue.

Given current fiscal constraints, we recognise that we have to work within our existing funding envelope, however if the tensions described are not addressed, we risk following the same pattern – left shift in policy, right shift in funding – as before.

As well as adapting financial flows to support neighbourhood health, we would support the development and adoption of innovative payment systems that can keep pace with new models of care, e.g. Oxford University Hospital's 'Rapid Intervention for Palliative and End of Life Care' (RIPEL) project, a partnership between OUH, Sobell House Hospice Charity, Social Finance and Macmillan Cancer Support.

ii. 'What's measured is what matters'

Alongside financial flows, another significant inhibitor to delivering on the left shift has been performance pressures. Long-term population health metrics have historically been overshadowed by immediate performance requirements.

Whilst we welcome the clarity provided by the Neighbourhood Health Framework on key objectives and metrics, we believe that for neighbourhood working to thrive at a provider level, the National Oversight Framework (NOF) should be designed to enable and support it.

iii. Integrated Health Organisations

As a core component of the 10 Year Health Plan, Integrated Health Organisations will hold the whole health budget for a local population, and will be expected to support integration, shift care to the community, improve population health, and tackle health inequalities.

The Advanced Foundation Trust framework sets out that IHO contracts can only be held by those organisations designated as Advanced FTs. If government policy is to drive better population health and improve health outcomes, restricting the ability to hold IHO contracts to such a small pool of providers is a missed opportunity.

The Neighbourhood Health Framework is promising in its ambitions to 'develop a pipeline for wider rollout, including to areas where there is compelling evidence that an IHO approach can solve entrenched problems in a health system'; we would support a bolder approach in this regard, and a clearly defined IHO roadmap.

iv. Embedding research and innovation

Publication of the 10 Year Health Plan was followed shortly after by publication of the Life Sciences Sector Plan. Both plans are inherently interlinked, with the 10 Year Health Plan presenting a reimagined model of care rooted in science, technology, and patient empowerment, with aims to make the NHS the world's most AI-enabled health system, leveraging genomics, precision medicine and digital solutions to shift from reactive treatment to proactive prevention.

We therefore need to consider how research and innovation can be embedded into every layer of the healthcare system, harnessing opportunities such as the introduction of Advanced Foundation Trust and Integrated Health Organisation status to advance the research and innovation agenda.

As a group of Trusts who play major co-ordinating roles in research and life sciences in our city-regions, the neighbourhood health agenda and the R&I agenda are not separate, competing priorities – they are intrinsically linked.

When these two agendas are explicitly linked, the potential for neighbourhood health to improve health outcomes is expanded. This includes:

- driving equitable access to new medicines;
- modernizing clinical trial models to drive uptake within diverse communities;
- harnessing the potential of population health genomics and pharmacogenomics to target the right interventions and medications to the right people.

v. Workforce planning

Neighbourhood health can only be as effective as the workforce that underpins it. As it stands, after decades of increasing specialisation, we are too short on generalists.

If we are to rise to the challenges of an increasingly ageing and multimorbid population, we will need to rapidly increase the number of generalists working across the system. As major teaching hospitals, we recognise that we have a significant role to play in this regard, and will need to consider our individual strategies to support that shift.

At a national level, the 10-Year Workforce Plan, scheduled for release later this year, will need to build on the Neighbourhood Health Framework to make explicit what a 'fundamental reimagining of roles' will look like.

vi. Developing a sustainable, health-gaining system

As a health system, much of our historical focus has been on technical efficiency: doing things right, and producing the maximum output from the minimum output.

Neighbourhood health presents us with an opportunity to place stronger emphasis on allocative efficiency: distributing resources across services to maximise overall population health outcomes, i.e. doing the right things.

If successful, this approach has the potential to reduce the overall quantum of care that needs to be delivered, providing better health outcomes and patient experiences at all stages of life. As acute providers, our role is to strategically deploy our expertise outside of the hospital, working in partnership to build a sustainable, health-gaining system.