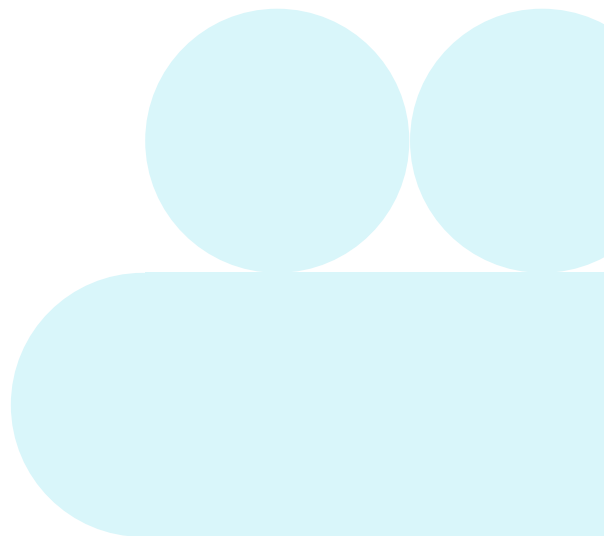


Scaling neighbourhood care

Lessons from the national simulation of neighbourhood health

January 2026



Optum

Executive Summary

The NHS 10-Year Plan, Fit for the Future, envisions neighbourhood health services as a cornerstone for integrated, community-centred care. To explore the feasibility of scaling this model, Optum participated in a two-day simulation in Greater Manchester, developed by PPL and supported by Feedback Medical. The exercise brought together citizens, health and social care professionals and system leaders to experience a “year in the life” of a neighbourhood health service.

Our key insights:

- **Collaboration beyond boundaries:** Neighbourhood care cannot succeed within siloed structures. The simulation highlighted the need for a collective culture where organisations share responsibility, risk, and innovation.
- **Three critical enablers:**
 - Collective culture – fostering trust and shared accountability across agencies.
 - Untethered resources – enabling staff and assets to flow across organisational boundaries.
 - Actionable data – transforming rich datasets into insights that drive timely decisions and measurable outcomes.
- **Technology and data:** While shared care records are essential, they must support cross-organisational workflows, governance and accountability.
- **Strategic commissioning:** Success depends on multidisciplinary leadership, community engagement and workforce capability to deliver system-wide improvements.

The national simulation confirmed that neighbourhood working is achievable but demands cultural change, resource flexibility and robust data-driven decision-making. These insights will inform future strategies to scale integrated care and deliver better biopsychosocial outcomes for communities (meaning outcomes that consider physical health, mental wellbeing, and social factors).



Read PPL’s National Neighbourhood Health Service Simulation learning report.

Introduction

The NHS 10-Year Plan, Fit for the Future, positions neighbourhood health services as a vital alternative to today's fragmented, hospital-centric system. Current care is often siloed and disconnected from communities, making coordinated, patient-focused support difficult.

Neighbourhood health services aim to change this by creating integrated, locally rooted teams that improve accessibility, continuity and biopsychosocial wellbeing. While neighbourhood working isn't new – there are pockets of success in the UK and abroad – few examples exist on a national scale with consistent investment and delivery.

The model brings together citizens and multidisciplinary teams from health, local government, public services and the voluntary, community and social enterprise (VCSE) sector to share insight and resources, enabling proactive, person and community centred care. But is scaling this approach, truly feasible?

We believe it is. Challenges exist, but they can be overcome. To explore these challenges and potential solutions, we recently participated in a neighbourhood working simulation.

The simulation included citizens and health and social care professionals drawn from organisations representing residents, healthcare providers, local government, wider public services and the VCSE. Across two days, through simulated activity and experiential learning, participants spent a 'year in the life' of a neighbourhood health service, learning about the workings, barriers and enablers to delivering care across multiple services for 16 neighbourhood residents. A Place board, with real-life system leaders, created a simulated planning layer, using data about the population to understand and respond to the impact of decisions being made in the neighbourhood.

Early in the simulation, it became clear that the NHS does not function as a single organisation – and neighbourhood care demands collaboration beyond organisational boundaries. [Greater Manchester's Live Well](#) movement shows that progress relies on coordinated efforts across agencies and communities. Our experience facilitating interagency workshops reinforces this, highlighting the vital role of diverse stakeholders, including the voluntary sector, whose resources and expertise are essential for sustainable neighbourhood working. Creating opportunities for all parties to contribute and build together is critical.



From what we saw, heard, and learned, three core ingredients enable neighbourhood working at scale:



Collective culture



Untethered resource



Actionable data

These may not surprise you, but the simulation confirmed that without any one of them, progress stalls. It provided a safe space to test what must happen to make neighbourhood care a reality and just as importantly, what needs to stop.

Collective culture

It's easy to say leave your lanyards at the door but what does that really mean for neighbourhood working? In the simulation, participants were instead encouraged to “forget their territory” and shift from finger-pointing to collaboration and trust. This was framed as a commitment to work together using shared data, space, and tools, and to apply individual experience and capabilities to make neighbourhood care work, or identify why it doesn't.

What we saw was people coming together with a shared desire to make things better – whether residents, housing teams, charity workers, GPs, social workers, pharmacists or community nurses. Many arrived frustrated and constrained by siloed structures, which reinforced the need to make collaboration easy across organisations. During the simulation, participants shared responsibility and risk, no one was expected to solve everything alone or blamed if things didn't work. Instead, we saw encouragement to be inclusive and curious, to invite innovation from all stakeholders and to embrace vulnerability by not having all the answers. The simulation created a safe space for this mindset and hopefully participants will take that back into their real-world practice.

The idea of shared risk, shared work and permission to do things differently took time to emerge. One clinician noted at the end of day one that while the setup and technology were excellent, they hadn't solved the human element. Instead of true collaboration, the tools enabled faster – but still sequential – consultations, with staff passing patients along for similar conversations. There was no shared responsibility for improvement. The turning point came during reflection at the end of day one, when participants saw the duplication and frustration of the 16 residents. On day two, the focus shifted to working together more efficiently, reducing duplication and accelerating progress for residents.



[The strategic commissioning framework](#) emphasises the critical role of neighbourhoods and the importance of including a ‘human engine’ in strategic commissioning approaches. It highlights the need for:

- Effective multidisciplinary clinical and professional leadership to drive improvements across organisations, including involvement from VCSE and individuals with lived experience.
- The capacity to involve people and diverse communities, using asset-based methods to facilitate co-production and community-driven solutions.
- A workforce skilled in delivering strategic commissioning system-wide, including capacity and demand projections, population health management, engagement and activation, multi-disciplinary team working, and large-scale contract and supply chain management.

These topics were discussed in both the planning and delivery layers of the simulation. Neighbourhood care requires support from strategic commissioners to create the right environment for it to thrive, whilst channeling insight about the needs, and experiences from neighbourhoods into planning to maintain momentum.

Ahead of the simulation, we worked hard to ensure participants had the skills, knowledge, and platforms to interpret and use population data. This approach fostered greater ownership of both the data and the insights it generated, as well as the outcomes for residents. We learned that our solutions must continue to strengthen planning and commissioning at system, place, and neighbourhood levels, while also enabling frontline interagency collaboration in the delivery layer.

One of the most powerful lessons came through communication. While simulating a year of care in two days can't fully mirror reality, it made the impact of repeated information and poor data sharing starkly visible – both for residents and teams. By the end of day two, there was a stronger drive to tackle these issues, recognising that they're fundamental to improving efficiency, reducing variation, and eliminating duplication.

Untethered resource

Neighbourhood teams may not have new resources, but across the wider network of organisations supporting neighbourhood care, there's significant capacity. To be truly transformational, this resource must remain untethered – free to move across organisational boundaries so interagency teams can co-design and deliver what residents need for better physical, mental, and social outcomes.

The greatest resource is people – staff and volunteers – who must feel empowered to work beyond organisational limits and see the neighbourhood team as their 'home team.' They need tools to share information, coordinate services, and align on priorities – so they can plan and act together effectively. Care services can't do everything for everyone, so teams must identify where need and risk are greatest and where shared time and resources will make the most difference.

Many participants highlighted how EMIS-X – our next-generation clinical system – helped document, share, and organise next steps across the team. However, recording and assigning actions still required significant effort, and those handling multiple similar requests faced extra workload. Streamlining or automating these processes would reduce administrative burden and create more time for care. We're building these capabilities now, and insights from the simulation have accelerated our drive to get them into the hands of frontline teams.



Actionable data

Healthcare in the UK already has access to some of the richest data in the world, so the challenge isn't more data – it's making it actionable. Teams need insights that enable timely decisions, show the impact of those decisions, and provide evidence and confidence that they're on the right track. Data should support population planning and resource allocation, helping teams focus on achieving the best possible outcomes with what's available.

The [Neighbourhood Health Guidelines](#) set a clear mandate: neighbourhood teams must evaluate their impact in a systematic, consistent and scalable way. This evaluation should build the case for future expansion and link impact to the triple aim of improving population health outcomes, enhancing people's experience of health and care services and delivering value for money.



We carefully considered the role of data in the simulation. Our goal was to give neighbourhood teams the confidence to stop ineffective actions and redirect efforts toward initiatives that improve outcomes for residents. To achieve this, we worked with PPL to create linked data and actionable analytics that highlighted both need and opportunity for change – empowering participants to rethink activities, roles, contracts, and incentives. By analysing EPR data from the simulation, we identified which solutions delivered impact and which didn't, encouraging teams to stop the latter and celebrate the former.

One clear insight was that a shared care record or single patient record on its own is not enough for neighbourhood working. Alone, it may add little value without the ability to share tasks, workflows and communication. Single organisations already use EPRs to view, record, task and coordinate internally. Neighbourhood teams need the same functionality across multiple organisations. This goes beyond traditional interoperability and requires shared governance that addresses not just information governance and privacy, but also clinical risk, accountability and liability. The neighbourhood EPR system must evolve rapidly alongside these principles and standards, supported by a collective culture and agreements on untethered resources.

The protected space of the simulation allowed teams to explore new ways of working, generating the lightbulb moments that spark innovation. Carving out this time is challenging but essential for real change. The simulation was far from perfect – and that was the point. It helped us see what worked and what didn't, and identify what's needed for success: sustainable neighbourhood collaboration, the right technology and data-sharing, and active involvement of residents in decisions about their care.



Conclusion

The Manchester neighbourhood simulation demonstrated that integrated, community-centred care is both achievable and essential for the future of health and social care. While challenges such as siloed structures, resource constraints and fragmented data persist, the exercise highlighted clear pathways to success.



Three enablers emerged as critical:



Collective culture – fostering trust, shared responsibility, and collaboration across organisational boundaries.



Untethered resources – allowing people and assets to flow freely to meet neighbourhood needs.



Actionable data – turning information into insights that drive timely, evidence-based decisions.

Neighbourhood working requires more than technology, it demands cultural change, governance alignment, and strategic commissioning that empowers multidisciplinary teams and communities. The simulation provided a safe space to test these principles, generating insights that will inform real-world implementation.

Recommendations

1. Embed collective culture

- Develop cross-organisational training and leadership programmes to promote collaboration and shared accountability.
- Create forums for continuous engagement between health, social care and voluntary sector partners.

2. Enable untethered resources

- Establish flexible workforce models that allow staff to operate across organisational boundaries.
- Implement shared funding mechanisms to support joint initiatives and reduce duplication.

3. **Make data actionable**

- Invest in interoperable systems that support shared workflows, task management, and communication – not just record viewing.
- Provide neighbourhood teams with analytics tools and training to interpret data and drive improvement.

4. **Strengthen strategic commissioning**

- Align commissioning frameworks with neighbourhood priorities, ensuring co-production with communities.
- Build capacity for population health management and integrated planning at system, place, and neighbourhood levels.

5. **Create protected spaces for innovation**

- Schedule regular simulation or learning environments to test new models safely and accelerate adoption.

By implementing these recommendations, neighbourhood care can deliver on the NHS vision: improved population health, better experiences for people, and greater value for the system.

Acknowledgment

We extend our sincere thanks to PPL and Feedback Medical for their partnership in designing and delivering this simulation. Their expertise and commitment created a valuable learning environment that will help shape the future of neighbourhood care.



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