

Executive insight · Healthcare leadership

Neighbourhood Health at Scale

Moving care from hospital to community requires more than new locations: it requires a new cross-boundary operating model.

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A structural shift, not a relocation

Neighbourhood health is intended to provide continuous, accessible and integrated care closer to home. Simply moving appointments out of hospital will not achieve that ambition. The model must change how demand is identified, how multidisciplinary teams work, how information follows the patient and how responsibility is shared across organisational boundaries.

Design around population need

Effective neighbourhood models should use population-health intelligence to identify groups experiencing avoidable deterioration, repeated crisis use or poor access. Teams can then organise proactive support around need rather than reproduce separate professional queues in a community building.

Make integration operational

Integration becomes real through shared outcomes, reliable referral and escalation routes, joint decision forums, interoperable information and protected coordination time. Without these mechanisms, fragmentation follows the patient into the neighbourhood. Commissioners and providers must define who holds responsibility for continuity and how performance is managed collectively.

Protect equity and workforce sustainability

Digital access and home-based care can improve convenience, but may exclude people with limited connectivity, language barriers, unstable housing or complex needs. Workforce redesign must also prevent community teams from absorbing new demand without authority, capability or resource. Equity and staff experience should therefore be designed and measured as core outcomes.

Leadership conclusion

Neighbourhood health can reduce avoidable hospital demand and improve continuity, but only when leaders build a coherent operating system around it. The prize is not a collection of community projects; it is a more preventive, connected and sustainable NHS.