

# HIMSS<sup>®</sup> 26

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**#HIMSS26EUROPE**

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EXPERT **INSIGHTS**  
EXCEPTIONAL **IMPACT**



# Hello I am...

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### Director and Founder

- National Change Agent
- Organisational Development
- Social Movements and Networks
- Leadership Development
- National Advisor

**I Believe in the NHS and our People**



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# Insight from the UK National Neighbourhood Health Implementation Programme

1. Ambition
2. Approach
3. Key insights
4. What next
5. Practical learning to share



# Our Approach

Three strategic shifts



Lead delivery partner

September 2025

HORIZONS

“rethinking 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 large-scale change programme** that builds on existing knowledge from Places already progressing Neighbourhood Health and seeing results
- **spreading learning systematically to other Places across the country**, while supporting each Place to shape Neighbourhood Health in ways that work for their communities – **a “tight-loose-tight” approach**
- **creating the enabling conditions** for fulfilling the Government’s commitments to neighbourhood health for all
- **outcomes and partnership focused** – whole person outcomes for a joined-up system response, increasing community agency and integrated working
- **test bed to shape key ‘hard levers’ with rapid feedback loops** e.g. funding flows, technology, MNP and SNP, policy
- **A cross government approach**

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.



## FOCUS: High impact actions (primary drivers) for adults with long term conditions and high or rising risk of escalating need

Identified “primary drivers” for Neighbourhood Health include

1. **building shared multi-organisational leadership**, purpose, ways of working and accountability to communities
2. **understanding and setting clear actionable goals** focused on local challenges
3. **co-design of care and delivery with communities and practitioners**, mobilising and strengthening system and community assets
4. **devolving and pooling budgets** at Place to achieve shared outcomes and value-based care
5. **implementing enabling mechanisms** for people, estates, digital, data and financial flows
6. **empowering teams** to work together seamlessly, moving across organisational boundaries, with freedom to test, learn and adapt.
7. **understand the experience** of working in other organisations/settings and developing relationships through joint leadership, training and development at all levels
8. **a relentless focus on outcomes**, learning and improving in partnership with people and communities.
9. **structures and mechanisms to scale and spread** effective approaches and neighbourhood working, shifting resources into the community

### Key Outcomes

- increase in patient-reported outcomes (**PROMs**) and patient-reported measures (**PREMs**)
- increase in **people’s activation** (confidence, skills, knowledge) to manage their long-term conditions
- improvement in **staff experience**
- reduction in **outpatient activity**
- reduction in **unplanned hospital admissions and Loss**

[Bing Videos](#)

National NH Implementation Programme – In conversation with Dr Minal Bakhai



# Large scale Change Collaborative: 9 months

**43**  
**Places**  
**England, UK**

Across 43 Neighbourhood Health Places with 85% of Places applying to be part of the National Programme. Place population of up to 300,000.



Co-designed right for the outset, listening to experts: VCSE, Primary Care, Acute, Bodies, NHS, Patients...

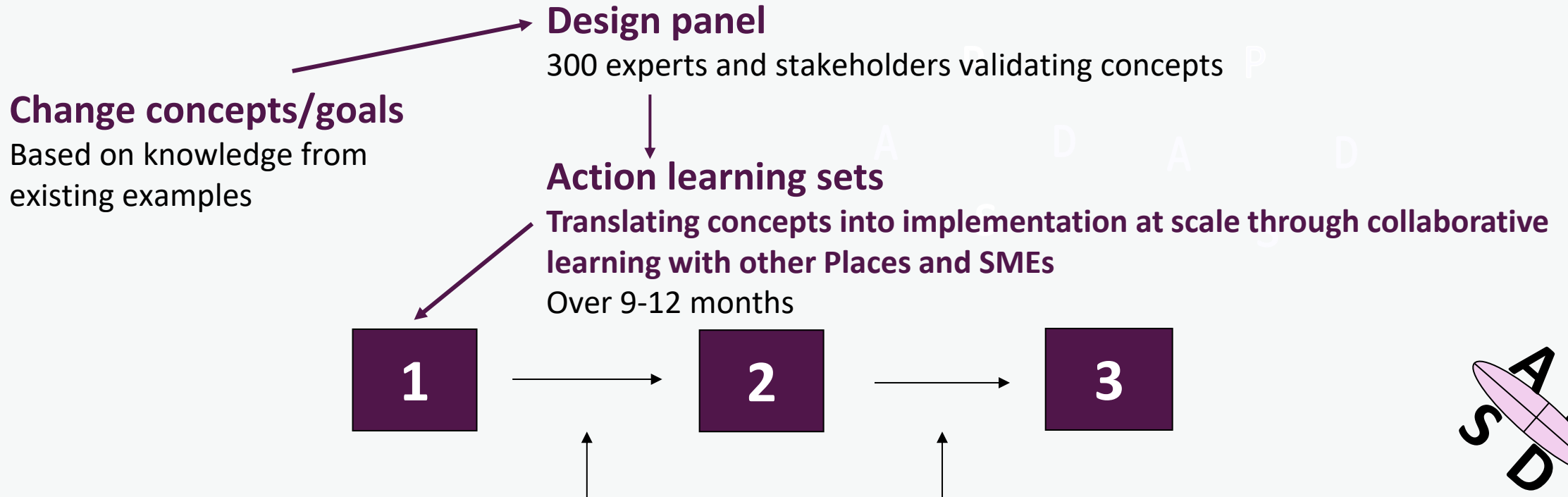
Large in person Regional Learning Events with +300 people in each event.

Monthly Community of Practice Monthly Coach learning events Enabling group sessions

2 Coaches per Place:  
1 Local coach  
1 National Coach



# NNHIP Methodology: Systematic Knowledge Transfer



**Action periods:** coached implementation for local context using multiple test and learn cycles.  
Monthly data progress reports visible to all sites  
Development of new ideas (concepts), knowledge and learning to share across sites

## Support:

National and Local coaches; Senior Leadership sponsors (LA and ICB); Output from enabling groups;  
Real time country wide knowledge transfer; Capability building; Peer communities; Social movement for change  
Access to subject matter experts; Test beds to shape hard levers and enablers for change e.g. digital, funding flows

# Key Insights

**Neighbourhood health in England is moving from aspiration to reality.** Across four regional NNHIP learning sessions in the Spring of 2026, place teams described real, tangible progress: Integrated Neighbourhood Teams up and running, proactive care happening in communities, voluntary sector partners more genuinely embedded, and leaders beginning to work as one. Staff described feeling "buzzing with potential." One colleague said: "I've been around these conversations a long time, and it's never felt like this."

**Behind the visible progress are deeper shifts in culture and conditions.** Trust built over years - in some places over a decade - is the foundation that makes everything else possible. The national programme is accelerating what places have already been building.

**The challenges are consistent across every region.** The inability to share data is the single most named blocker. Money still flows through the old channels, rewarding acute activity and making prevention hard to sustain. GP engagement remains patchy. Governance frameworks are described as unclear. The voluntary sector is still more consulted than co-producing. Place teams are calling for nationally-led solutions to these shared challenges.

**Five priority areas for actionable next steps emerged across all four learning events:**

1. Tackle shared challenges together;
2. Align contracts and commissioning with neighbourhood working;
3. Clarify the integrator function at place level;
4. Build the case through better evidence and storytelling;
5. Actively protect the relationships and leadership that make progress possible.

**For places earlier in their journey, teams offered some valuable advice:** start with a vivid local "why"; build on what already exists; invest in relationships before infrastructure; start small and go deep before scaling. Do not wait for perfect conditions. Most importantly: celebrate progress loudly and often. Every place in this programme has achieved more than it realises.

[Neighbourhood Health - Home](#)





## The foundations are strong, but the structures - money, data, governance and contracts - have not kept up with the pace of change on the ground.

**Three blockers** appeared in every single region of the NHS in England:

1

### Money and financial flows aren't aligned.

Places are being asked to invest in prevention while the financial system still rewards acute activity.



*"Challenge of the money all being allocated already — not to neighbourhood health. How can we create the shift? Are we setting them up to fail due to the lack of resource?"*

2

### Data and digital systems often don't talk to each other.

Different organisations use different platforms, VCSE partners can't see NHS records, patients repeat their story multiple times.



*"MH and ASC are on System 1, VCSE don't have access, PCNs are on EMIS — even working as an INT, we can't see each other's notes".*

3

### Governance and accountability remain unclear.

Who leads? Who holds clinical risk? Who is accountable when something goes wrong across boundaries?



*"Cross-sector distributed leadership is still a challenge - the risk is you default back to the regular way of working."*



# Neighbourhood Health Framework

## 17 March 2026 – informed by the NNHIP



Department  
of Health &  
Social Care

### Aims of the NHF approach:

- Improve people's health and care outcomes, reduce health inequalities and help them stay well at home
- Organise services around the person with more convenient, personalised and joined-up care
- Reduce pressure on more acute services - including hospitals and care homes
- Cut waste and duplication
- Help the NHS deliver against core targets

**ROUTINE – PROACTIVE – ALTERNATIVE CARE**



# What Next...

## 5 Priority areas

- 1 Solve the shared problems once, nationally.** Data sharing, digital interoperability, contracting frameworks, governance templates, workforce role specifications - all are being worked on independently by every place in the programme. Place teams are calling for nationally-led solutions to these shared challenges.
- 2 Align national policy with neighbourhood working.** Neighbourhood health cannot be delivered at scale if national contracts continue to incentivise the old model. GP contracts should reward Integrated Neighbourhood Team engagement. Commissioning frameworks should measure prevention, not just acute activity.
- 3 Clarify the integrator function.** Who holds things together at place level is still unclear in most places, causing confusion and duplication. National guidance on the range of models available (council, community trust, VCSE-led, acute-hosted) would help places make informed local decisions.
- 4 Build the case through evidence and storytelling.** Places need help telling the story of neighbourhood health in ways that convince sceptical organisations and commissioners. Simple shared outcome frameworks, metrics beyond UEC and GP access and compelling case studies of real impact are all needed.
- 5 Protect and invest in the roots.** Places that are furthest ahead have invested most in relationships, shared purpose and leadership over time. The national programme should actively protect this, making space for relationship-building and peer learning as core programme infrastructure.

# We start Year 2!



# Practical learning to share



**Start with the "why".** A compelling local case for change, grounded in real data and real stories, is worth more than any strategy document. Find your local "why" and share it widely with all partners.



**Build on what you already have.** Look for existing partnerships, trust built through previous programmes, VCSE relationships and community assets. As one place put it: "It took a while to 'get it' and then moved quickly."



**Invest in relationships before infrastructure.** Governance, data systems and contracts can come later. Protected time for people from different organisations to meet, talk and work through challenges together is the most consistent enabler of progress across the entire programme.



**Start small, go deep, then scale.** The most effective places chose a small cohort (often frailty) and built the model well before scaling. This creates proof of concept, builds confidence and brings others along.



**Name and manage power dynamics early.** Honest conversations early about governance, decision-making, accountability and shared ownership save significant time and conflict later. "Whose milk is in the fridge?" - moving from individual organisations' resources to something that belongs to all of you – is a useful test of real integration.



**Do not wait for perfect conditions.** "Building the plane while flying it" came up across multiple regions. Waiting for national guidance, perfect data or complete governance results in paralysis. Start with what you have, learn fast and adjust.



**Celebrate progress – loudly and often.** Places have achieved more than they realise and are not communicating that progress enough. Telling the story of what is changing builds momentum, attracts new partners and sustains teams who are doing this work alongside demanding day jobs.



# Thank you Emma Challans-Rasool Director and Founder

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### **A cathedral**

A complete and fully formed idea that you are emotionally invested in and attached to. It can block collaboration and agency in its tracks.



### **A brick**

Create the space for each person to contribute (a brick).  
To help them have an emotional connection to the collaborative process and build their agency.  
Brick by brick, people start to create something better than what one person would have done alone.



# March 2026... our creation



# Neighbourhood Health Framework

## Goals 1-5



Department  
of Health &  
Social Care

### Aims of the NHF approach:

- **Goal 1:** Objectives and metrics: frailty, non elective admissions, end of life, long term conditions, diabetes, access CYP,
- **Goal 2:** Improve access to general practice, Clinically Urgent patients, faster access to GPs, patient satisfactions
- **Goal 3:** Reduce variation in outpatient services, improved co-ordination of outpatient activity across multiple specialties for patients in high priority cohorts.
- **Goal 4:** Better urgent and emergency care performance, better co-ordination or reactive care for high priority cohorts, keep growth flat, contribute to an increase in type 1 emergency admitted and non admitted performance, contribute to an overall reduction in type 1 ED attendances for high priority cohorts,
- **Goal 5:** Improve patient and staff satisfaction, take a proactive approach, where the patient feels in control of their care. Ensuring that teams working within neighbourhoods feel more motivated in their work.

