NORTHERN IRELAND NEIGHBOURHOOD MODEL OF CARE

CALL FOR EVIDENCE – SUMMARY REPORT

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CONTENTS

Acknowledgements **3**
Introduction **4**
Background 4
Call for Evidence 5
Executive Summary **6**
Common Themes Across Initiatives 6
Recommendations 10
Opportunities for a Neighbourhood Model in NI 10
Annex A: Responses by Question **11**
Section 1: Respondent Information 13
Section 2: Sharing Best Practice 18
Section 3: Any additional information 47
Annex B: Compendium of Good Practice **50**
Main Purpose of Initiatives 60
Outcomes Achieved 60
Collaboration / Partnership Models 62
Funding Models 63
What Worked Well 65
Challenges / Barriers 67
Lessons Learned 70

Acknowledgements

We would like to thank everyone who took the time to engage with the Call for Experience and share your experiences, perspectives, and evidence. Your thoughtful and detailed submissions have provided a rich foundation for understanding the challenges and opportunities of collaborative working.

As we develop the Neighbourhood Model of Care it will be important to draw on the expertise, experiences, and insights of those who deliver, use, and rely on services every day.

The experience and resources shared will influence further development of policy in this area; and will inform the development of a Neighbourhood Model of Care that seeks to support better outcomes, make best use of resources, and foster collaboration across health, social care, and community settings.

Thank you from the Department of Health's Neighbourhood Team

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Introduction

The ‘’Northern Ireland Neighbourhood Model of Care’ Call for Evidence was published on 8 October 2025 and ran until 25 November 2025.

This document is the summary of the written responses we received to that paper. It covers:

- The background to the Call for Evidence;
- A summary of the Call for Evidence responses;
- A breakdown of stakeholder groups that responded to the Call for Evidence.

Background

In December 2024 the Health Minister published *Health and Social Care NI – A Three Year Plan to Stabilise, Reform and Deliver’* setting out his vision to rebalance health and social care delivery and provide more care closer to home. Reform in primary, social and community care was identified as a key enabler to create capacity within the system to better manage acute and chronic needs, reduce reliance on secondary care and facilitate a preventative approach to health and social care that supports people to stay well for longer.

In July 2025 the Health Minister published the *Health and Social Care NI Reset Plan* which included the following commitment to neighbourhood care:

> *By March 2026, working with partners we will have developed a new neighbourhood model for primary, community and social care, which will deliver greater levels of care for citizens, including children and families, in their communities, alongside a funding plan to support delivery from April 2026. This model will see Community Pharmacy, GPs and their Federations, Voluntary and Community organisations, Trusts, independent providers, other statutory bodies and Local Government working closely together in formal partnership to provide integrated care.*

Call for Evidence

The purpose of the call was to seek examples of neighbourhood health initiatives from across Northern Ireland, to gather evidence about the partnerships they involve, the impact achieved and capture lessons learned to inform future policy, planning and practice. The information would be included in a compendium of neighbourhood practice published on the Department of Health's website.

For this call we were interested in examples of neighbourhood initiatives working at different scales and invited examples serving geographical areas or communities with populations ranging from less than 10,000 up to 50,000+ people.

Respondents were invited to share their experience of approaches that have brought alliances of service providers together in response to a specific need within a neighbourhood here in Northern Ireland.

The Department wanted to hear from organisations, individuals and researchers who have led or been involved in these initiatives, including those from primary, community and social care, VCSE, Trusts, independent sector, other statutory bodies and local government.

Executive Summary

We received a total of 183 responses to the Call for Evidence. The majority of respondents were from the Voluntary, Community, Social Enterprise sector; Health and Social Care Trusts and Primary Care. The majority of responses related to currently active initiatives with an even spread across Trust geographic areas and a balanced mix of urban and rural examples.

A breakdown of respondents and responses by question can be found at Annex A.

A Compendium of Good Practice has been compiled from the additional resources shared and is summarised at Annex B.

The submissions have been analysed to identify themes, insights, and recommendations. This executive summary provides a concise overview of the key findings, insights, and recommendations derived from analysis of the Call for Evidence Reponses.

Common Themes Across Initiatives

Across a wide and diverse range of initiatives—spanning health, social care, community development, education, and voluntary sector delivery—there is a striking level of consistency in what works, what limits impact, and what is required to scale success. Collectively, the evidence provides a strong, coherent foundation for the development of a Neighbourhood Model of Care rooted in prevention, partnership, and place.

Shared Vision and Core Principles

Across initiatives, there is a clear and consistent commitment to:

- Person-centred and strengths-based care, focused on outcomes that matter to individuals, families, and communities.
- Prevention and early intervention, particularly for populations experiencing the greatest inequalities.
- Focus on health inequalities and social determinants of health (e.g. isolation, poverty, housing, trauma)

- Place-based, community-led approaches, recognising neighbourhoods as assets rather than delivery sites.
- Co-production, with service users, carers, and communities involved in design, delivery, and evaluation.
- Partnership working across primary care, community pharmacy, Trust services, VCSE organisations, and local government.
- Equity, with targeted approaches for older people, children and families, people with long-term conditions, and marginalised groups.

These principles are evident regardless of age group, condition, or sector, indicating a strong shared direction of travel across the system.

What Consistently Works Well

Trusted Community Delivery

Initiatives delivered through trusted local organisations, community hubs, pharmacies, Healthy Living Centres, or home-based models consistently:

- Reach people statutory services struggle to engage
- Reduce stigma and barriers to access
- Build long-term relationships that sustain behaviour change.

Integrated, Cross-Sector Partnerships

Successful initiatives are characterised by collaboration between:

- General practice and Multi-Disciplinary Teams (MDTs)
- Community pharmacy
- Health and Social Care Trusts
- Voluntary, community and social enterprise (VCSE) organisations
- Local government and education

Where these partnerships are embedded from the outset, initiatives demonstrate better coordination, faster access, and reduced duplication.

Measurable Impact and Value for Money

Many programmes demonstrate strong fiscal and social return on investment, including:

- Reduced GP appointments, emergency admissions, and hospital bed days.

- Improved mental wellbeing, reduced loneliness, and increased self-management.
- High levels of satisfaction and engagement.

Examples such as IMPACTAgewell®, Marie Curie neighbourhood models, social prescribing programmes, and pharmacy-led interventions show that upstream investment delivers downstream system benefits.

Flexibility and Adaptability

Initiatives that could adapt delivery (e.g. home visits, hybrid or outreach models, COVID-era pivots) maintained continuity and impact, reinforcing the importance of flexible commissioning and delivery models.

Governance

Governance emerges as a critical enabler of integrated care, ensuring accountability, coordination, equity, and sustainability across statutory, voluntary, community and independent sectors. Effective governance frameworks support delivery at neighbourhood level while aligning with regional policy, funding, and assurance requirements:

Recurring Challenges and Barriers

Despite strong outcomes, similar constraints recur across initiatives:

- Short-term and fragmented funding, undermining continuity, workforce stability, and long-term planning.
- Workforce pressures, including recruitment and retention challenges across both statutory and VCSE sectors.
- Siloed commissioning and governance, where benefits accrue across the system but funding sits in one part.
- Inconsistent data sharing and digital infrastructure, limiting integrated working and evaluation.
- Uneven engagement, particularly where sectors (e.g. social work, acute services) are not embedded early.
- Fragmented accountability across organisations and sectors.

These barriers appear to be systemic rather than programme-specific requiring structural, not project-level, solutions.

Key Lessons Emerging Across Initiatives

The collective evidence highlights several consistent lessons:

- Sustainable, long-term funding and adequate resourcing are essential to achieve lasting impact, maintain workforce stability, service continuity and effective partnerships.
- VCSE organisations are core system partners, not adjuncts.
- Relationships and trust are as critical as structures and pathways.
- Home and community settings are often the true starting point of integrated care.
- Co-production increases uptake, relevance, and sustainability.
- Data-sharing agreements and outcome-focused evaluation are essential enablers.
- Local innovation works best when supported by regional policy alignment.

These lessons are repeatedly reinforced across different populations, geographies, and service models.

Recommendations

The initiatives reviewed exemplify practice in integrated, community-based health improvement. Their success lies in combining strong partnerships, person-centred design, and evidence-based interventions with a focus on prevention and empowerment. Sustained investment, leadership support, and robust data-sharing are essential to maintain and scale these models, ensuring continued impact on health outcomes and system efficiency.

Taken together, the initiatives point us towards a Neighbourhood Model of care for Northern Ireland that:

- Builds on existing structures and trusted partnerships to accelerate implementation.
- Is place-based and locally designed, with devolved decision-making
- Embeds multidisciplinary teams inclusive of VCSE, community pharmacy, and lived experience
- Prioritises prevention, early intervention, and social determinants of health
- Uses outcomes-based commissioning, rather than activity-only metrics
- Is supported by longer-term (3–5 year) funding cycles
- Invests in workforce development, digital integration, and shared data systems
- Treats community and voluntary organisations as equal partners in governance and delivery

Opportunities for a Neighbourhood Model in NI

The collective evidence indicates that Northern Ireland has:

- A rich landscape of community innovation
- Strong professional appetite for integrated neighbourhood working
- Existing local partnerships that can be scaled
- Demonstrable impact across multiple clinical and social domains

Annex A: Responses by Question

The activity ran from 08/10/2025 to 25/11/2025

Responses to this survey: **183**

Question Number	Title	Total Responses
1	In what capacity are you responding to this Call for Evidence?	176 (96.17%)
2	Name and details of organisation (if applicable)	170 (92.90%)
3	Name of initiative/project	167 (91.26%)
4	Is the initiative/project currently active or when did it run?	164 (89.62%)
5	Please provide a summary of the initiative or project to include aims and objectives, the partners involved, how the project was funded, its delivery and outcomes.	162 (88.52%)
6	What was the location of the initiative/project?	159 (86.89%)
7	What Health and Social Care Trust Area was it located in? Please select all that apply.	161 (87.98%)
8	Size of population serviced by the initiative	153 (83.61%)
9	Target Population	160 (87.43%)
10	What sectors best describe the organisations involved? Please select all that apply.	167 (91.26%)
11	Was there an anchor or lead organisation?	156 (85.25%)
12	What type of collaboration or partnership model was involved?	154 (84.15%)
13	How was the initiative funded?	155 (84.70%)
14	Main purpose of the initiative	158 (86.34%)
15	What were the key activities delivered? Please list and briefly describe.	154 (84.15%)
16	What outcomes have been achieved?	154 (84.15%)
17	How have these outcomes been measured or evidenced?	155 (84.70%)

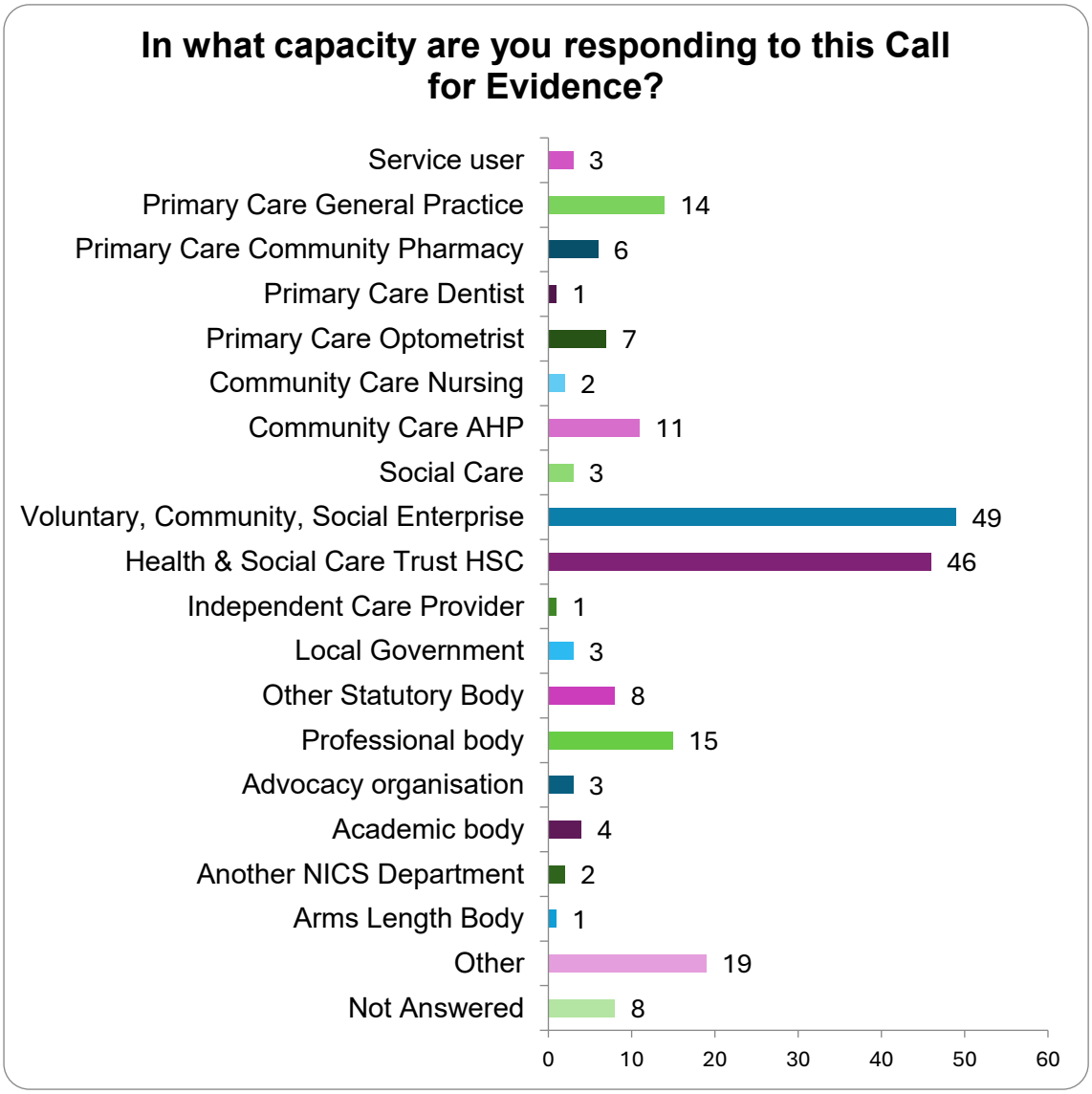
18	What worked well in this initiative?	152 (83.06%)
19	What challenges or barriers were encountered?	140 (76.50%)
20	What lessons could be applied to a neighbourhood model of care in Northern Ireland?	148 (80.87%)
21	Should you have any further information you would like to share, please detail below or use the option to upload files:	133 (72.68%)

Section 1: Respondent Information

This section gathers background information about you or your organisation, including your role, sector, and geographical reach. It will help us to understand the context of your feedback.

1: In what capacity are you responding to this Call for Evidence?

There were 175 responses to this part of the question.



Option	Total	Percent
Service user	3	1.64%
Primary Care General Practice	14	7.65%
Primary Care Community Pharmacy	6	3.28%
Primary Care Dentist	1	0.55%
Primary Care Optometrist	7	3.83%
Community Care Nursing	2	1.09%
Community Care AHP	11	6.01%
Social Care	3	1.64%
Voluntary, Community, Social Enterprise	49	26.78%
Health & Social Care Trust HSC	46	25.14%
Independent Care Provider	1	0.55%
Local Government	3	1.64%
Other Statutory Body	8	4.37%
Trade union	0	0.00%
Regulatory authority	0	0.00%
Professional body	15	8.20%
Advocacy organisation	3	1.64%
Academic body	4	2.19%
Another NICS Department	2	1.09%
Arms Length Body	1	0.55%
Other (please specify below)	19	10.38%
Not Answered	8	4.37%

Other

There were 33 responses to this part of the question:

Government & Public Sector

Senior Project Manager – SPPG (previously PHA and Western Trust); SPPG – Child Health; Dental Team, Primary Care Directorate, Strategic Planning and Performance Group; Strategic Planning & Performance Group (SPPG), DOH; HSC Body – Public Health Agency; Public Health Agency SEND Partnership Lead; NI Lead Pharmacist for Palliative Care

Health & Social Care

West Belfast GP Federation; Joint submission: Ards, Down, and North Down GP Federations & South Eastern Health and Social Care Trust; Trust Managed GP Practices; MDT – Primary Care Mental Health Service; General Practice Nurse; Trust AHP Manager; Consultant Podiatrist in Diabetes; Public Health Nursing (Health Visiting); Community Care Social Care; Learning Disability Services

Community, Voluntary & Third Sector

Business Development and Sustainability Consultant – Voluntary and Community Sector; Charity ;Healthcare company; Social worker – community engagement and design of CLARE CiC (2012–2020); Community & Older Peoples Services – Developing a Primary Care Neighbourhood Network

Carer & Service User Representation

Carer representation; Unpaid family carer

Faith / Community Anchor

Parish of St. Eugene's Cathedral

2: Name and details of organisation

There were 170 responses to this part of the question:

Charities, Community & Voluntary Organisations

MindWise – Mental Health Charity; Action Mental Health – New Horizons Programme; Action Mental Health – SkillSET Programme; Action Mental Health; Arthritis UK (formerly Versus Arthritis); British Red Cross; NI Children's Hospice; Cancer Lifeline; Macmillan Cancer Support; TinyLife; Inspire Wellbeing; The Cedar Foundation; Bolster Community; Developing Healthy Communities; Old Library Trust; Men's Action Network; East Belfast Community Development Agency; West Belfast Partnership Board Strategic Health Group; ThinkingCAP Associates; Linking Generations Northern Ireland (LGNI); Northern Area Community Network; PACT Primary Care and Community Together; Creative Local Action Responses and Engagement (CLARE) / CLARE CiC; Evora Hospice; Teenage Cancer Trust; Age NI; Age NI Shared Lives Service; Children in Northern Ireland; St. Eugene's Cathedral; Derry Diocese (faith-based community organisation)

Health & Social Care Trusts

Belfast Health & Social Care Trust; BHSCT Community Palliative Care Hub; BHSCT Northern Ireland New Entrants Service (NINES); Belfast Health and Social Care Trust – Occupational Therapy Department; BHSCT Care Home; Support Team Community Falls Service Belfast Trust

Southern Health and Social Care Trust; Southern Health and Social Care Trust District Nursing Service; Community Specialist Palliative Care; Southern Health & Social Care Trust

Western Health & Social Care Trust; WHSCT Dromore and Trillick Surgery

NHSCT; NHSCT Public Health Nursing

South-Eastern Health & Social Care Trust; Physiotherapy Service South Eastern Trust

GP Federations & Primary Care Practices

BHSCT / West Belfast GP Federation; Causeway GP Federation; Newry and District GP Federation; Joint submission from Ards, Down, and North Down GP Federations & South Eastern Health and Social Care Trust; Garden Street Surgery; Mourne Family Surgery Kilkeel; Dromore & Trillick GP Practice; Mountsandel Medical Centre MDT, GP

Community Pharmacies / Optometrists / Suppliers

Maguire Pharmacy; Bannside Pharmacy Ltd; Cedar Pharmacy; Specsavers Group; Dexcom (medical device supplier)

Government, Arms-Length Bodies & System Directorates

Public Health Agency Northern Ireland; Strategic Planning & Performance Group (SPPG); Directorate Of Hospital Care - Strategic Planning and Performance Group; Dental Team - Primary Care Directorate - Strategic Planning and Performance Group; Ophthalmic Services Team - Primary Care Directorate - Strategic Planning and Performance Group; BSO HSC Clinical Education Centre; Northern Ireland Ambulance Service

Professional Colleges, Associations & Networks

Royal College of Occupational Therapists; Royal College of General Practitioners (RCGP); Royal College of Speech and Language Therapists Northern Ireland; Chartered Society of Physiotherapy; British Association for Music Therapy; National Community Hearing Association (NCHA) – The Association for Primary Care

Audiology Providers; Western Local Dental Committee (WLDC); Optometry Northern Ireland; Federation of Family Practices West Belfast CIC; Community Development and Health Network. Healthy Living Centre

Universities / Academic & Education

Ulster University; Ulster University / Pneuma Healthcare; Queen's University Belfast (School of Social Sciences, Education and Social Work); School of Nursing, Queen's University Belfast

Councils & Partnership Boards

Mid and East Antrim Borough Council (Age Friendly); Mid and East Antrim Agewell Partnership; Fermanagh and Omagh District Council – Integrated Wellbeing Network; Shadow Southern Area Integrated Partnership Board

Section 2: Sharing Best Practice

Information about the initiative

3: Name of initiative/project

There were 167 responses to this part of the question:

"The Day we went to Bangor ……."; 6 Week Health & Wellbeing Course; ABI Choices; Action Mental Health – New Horizons Programme; Acute care at home; Advanced Paramedic in Urgent Care role; Age NI Shared LIves; Age Well - Preventative Home Visits for over 65s; An Examination of the Role of District Nurses in Assessing and Managing Frailty and Loneliness in Older Adults; Annual Flu Vaccination Campaign; Autism Connect; AWARE (Advancing Wellbeing in a Restorative Environment); Belfast Community Palliative Care Hub; Belfast Wide Early Years partnership; Better Days Pain Support Programme; BHSCT Care Home Support Team (CHST) Chef Engagement Event; British Red Cross - Mobility Aids Service; Building the Community Pharmacy Partnership (BCPP); Cancer Lifeline model.; Care Zone; Carers First; Causeway Emotional Health and Wellbeing Guide; Central Out of Hours Service for the Western Area of Northern Ireland; Children's Services Training Programme; CLARE CIC; Community & Floating Support; Community Appointment Day (CAD) – Musculoskeletal (MSK) Services Pilot; Community Appointment Days; Community Falls Prevention and Management Service; Community Health Synchronisation (CoH-Sync); Community Pharmacy Palliative Care Network; Community Rehabilitation Service; Living Well, Living Fully, The Power of Occupational Therapy; Community Strength and Balance programme; Complex Physiotherapy Team (paedatrics); Condition Management Programme; Connect North; Connected Community Care; Connecting through song; Connecting Together: Strengthening Collaboration between Western Family Support Hubs, Primary Care Multi-disciplinary Teams & Western Locality Planning; Dental Access Scheme; Developing a Primary Care Neighbourhood Network; Developing Healthy Communities; Development of a Frailty/Ageing Well Hub; Development of Advanced Nurse Practitioner Model; Diabetes Prevention Programme (DPP); Early Review case study; East Belfast Health & Wellbeing Programme; Education Commissioning for Primary Care Nurses; Enhanced Care Response Team; Evora Community Services; Family Help Clinic; Family Nurse Partnership; Family Response Service; Gets Active

Project (Holiday Food and Activities Programme); Glaucoma Referral Refinement; Glens Healthy Places; GP Surgery; GP/Paediatric Hub; Green Gym in partnership with Occupational Therapy and The Conversation Volunteers (TCV), Mental Health Directorate,; Happy Smiles Oral Health Programme; he Early Review Team – Ulster Hospital Discharge Hub; Health Visiting Group for Asylum Seeker, Refugee and Migrant Parents and Pre-School Children - "Connecting Cultures"; Healthcare Professional education and training; Healthy Hearts in the West; Heart Failure Project; Help Kids Talk; Heritage 4 Health; Home Memory loss team - Northern Trust; Home2Hospital; Horizon's Bereavement Service; HSCQI Opioid Improvement Collaborative & resulting Partnerships with Carryduff and Scotch Quarter; HUG - Helping You Grieve; Hybrid Model of Specialist Palliative Care; IAssist-NI (befriending and support services); ICP; IMPACTAgewell®; Improved management of patients with Type 2 diabetes; Improving patient care in established Cardiovascular Disease; Inclusion Works; Independent Placement Support, partnership between Occupational Therapy and Action Mental Health; Innovation Zones: A Neighbourhood-Based Partnership Model for Social and Health Impact; Integrated Care Systems Service User and Carer Liaison Group; Integrated Wellbeing Network (IWN); Interact: Supporting needs of high intensity users of NIAS services; Just in Case Boxes; Knee and Hip Osteoarthritis 'Well While Waiting' Information sessions; Learning Disability Crisis Resolution service; Lil' Movers Group; Linking Generations; Live Better; Live Well Hub – community diabetes information and engagement; Living Well with Musculoskeletal Health Complaints – Community-based Information Sessions; Living Well, Living Fully: The Power of Occupational Therapy within Community Rehabilitation Service; Local Phlebotomy Hubs; Low Intensity-CBT for Common Mental Health Problems; Macmillan Northern Ireland Regional Integrated Cancer Prehabilitation Programme; MARA Project for Rural Areas; Marie Curie Daffodil Standards for Community Pharmacy Palliative Care; MDT Project; Men's Action Network; mPower; Neighbourhood District Nursing Prototype – Limavady DN; Neighbourhood model of care; Neighbourhood Nursing; New Models of Prescribing - Dietitian led direct ordering of oral nutritional supplements for care home residents; NIPEARS; NIPEARS Plus; North West Cancer Centre Easy read storybook; Novus Health Wakefield; OAK ('Options - Advice – Knowledge'); Occupational Therapy - An Early Supported Discharge Approach; Occupational Therapy Services - a variety of teams and initiates; Ocular Hypertension and Glaucoma Care Pathway; Oral Surgery

Pilot PDS Scheme; Orthoptic Led Vision screening and Orthoptic assessment of children in special schools; OUR Generation Project; PEARS and PEARS+; Pharmacy Personal & Public Advisory Group; Pharmacy Schools Programme (Primary Education Service); Post Operative Cataract Care in community; Prevention & Early Intervention in Mental Health; Prevention & Population Health; Primary Care Adult Audiology; Primary care audiology; Primary Care Optometry Enhanced Services; Providing online group multidisciplinary rehabilitation to people after a stroke or people with neurological conditions in Lancashire and South Cumbria ICS; Regional diabetes foot care pathway; Regional nMABS triage service; Right place, right time, right assessment; impact of occupational therapy input in early review of social care needs; Rural SPRING Social Prescribing; Sensational Spaces; Service provision for those seeking international protection; SkillSET; Social Prescribing Project - Mullaghbawn GP Surgery SHSCT; South Eastern Multi-Disciplinary Team (MDT); Special School Partnership Programme; SPRING Social Prescribing Project (Lottery); SQB Project: How's it going out there? Improving Lower Limb Amputee's Confidence Using a Prosthesis in their Home.; Street Soccer Development group: A collaborative project between Learning Disability Occupational Therapy and Street Soccer NI; The ARC Healthy Living Centre; The Cathedral Community Outreach Project; The DEEDS Project; The Rainbow Project Cancer Champions; The Rural Communities Cancer Project; Tiny Steps (formerly Parent Infant Programme); TinyLife Family Support and Early Intervention Model; TYAR.org; Verve Healthy Living Network; Virtual Reality in Occupational Therapy Stroke Rehabilitation; WAVE; Wellness Hub at Ballywillan; West Belfast GP Federation - delivering integrated primary care at scale; Workplace health partnership with Department for Communities

4: Is the initiative/project currently active or when did it run?

There were 162 responses to this part of the question.

Option	Total	Percent
Yes, active now	140	76.50%
No longer active (please specify below)	22	12.02%
Not Answered	21	11.48%

When did initiative/project run?

There were 42 responses to this part of the question.

Option		Total	Percent
i.	Ran within the last 5 years since 2020	29	15.85%
ii.	Ran within the last 10 years since 2015	8	4.37%
iii.	Ran more than 10 years ago	5	2.73%
Not Answered		141	77.05%

5: Please provide a summary of the initiative or project to include aims and objectives, the partners involved, how the project was funded, its delivery and outcomes.

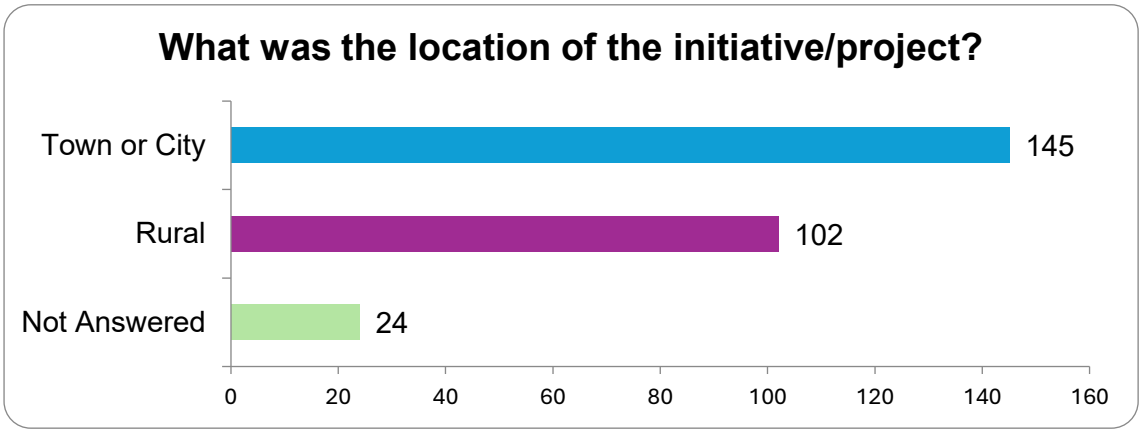
There were 162 responses to this part of the question.

The initiatives outlined sustained pressures from rising demand, an ageing population, long waiting lists and workforce constraints. Responses to these challenges included shifting care closer to home, strengthening primary and community care, and mobilising community, voluntary and social enterprise (VCSE) capacity as equal partners in delivery.

Geographic and Population Coverage

6: What was the location of the initiative/project?

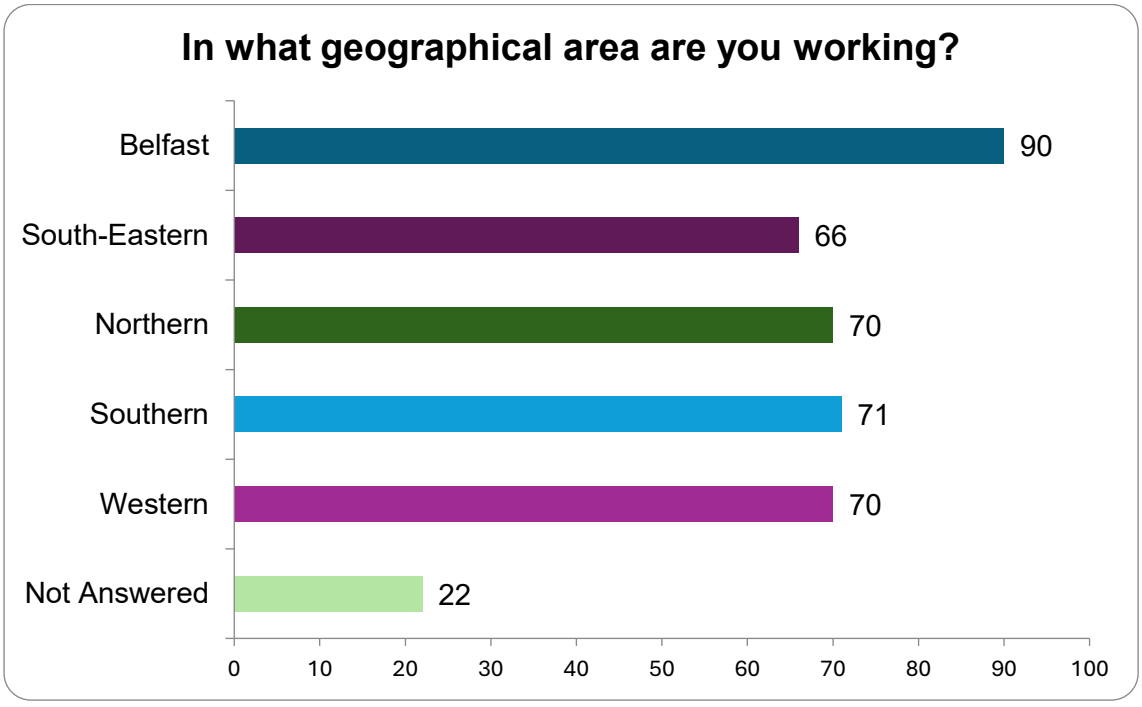
There were 159 responses to this part of the question.



Option	Total	Percent
Town or City	145	79.23%
Rural	102	55.74%
Not Answered	24	13.11%

7: What Health and Social Care Trust Area was it located in?

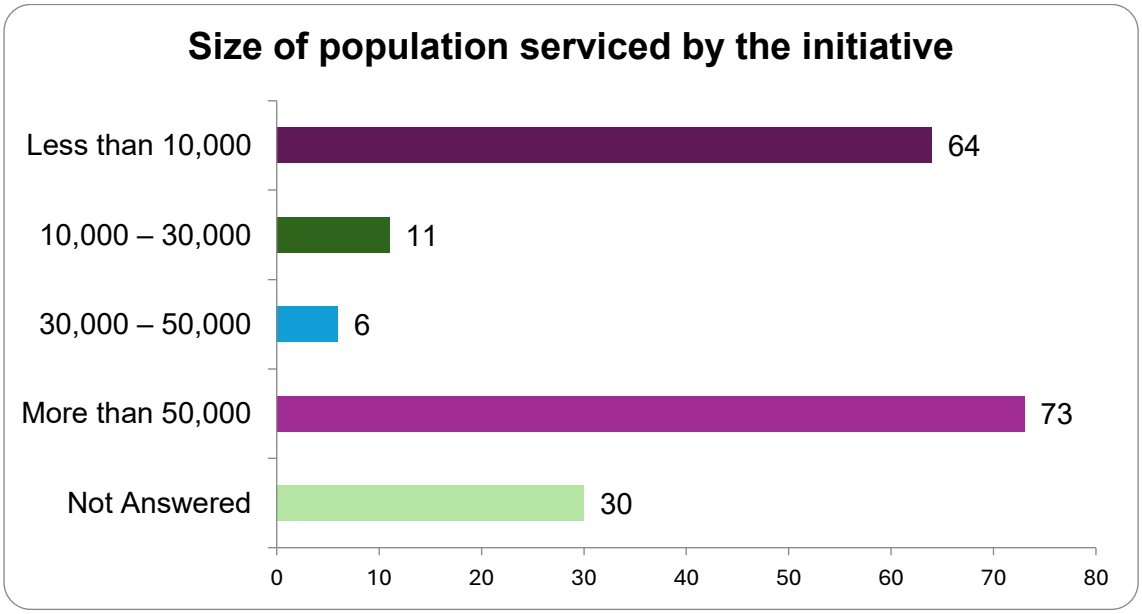
There were 161 responses to this part of the question.



Option	Total	Percent
Belfast	90	49.18%
South-Eastern	66	36.07%
Northern	70	38.25%
Southern	71	38.80%
Western	70	38.25%
Not Answered	22	12.02%

8: Size of population serviced by the initiative

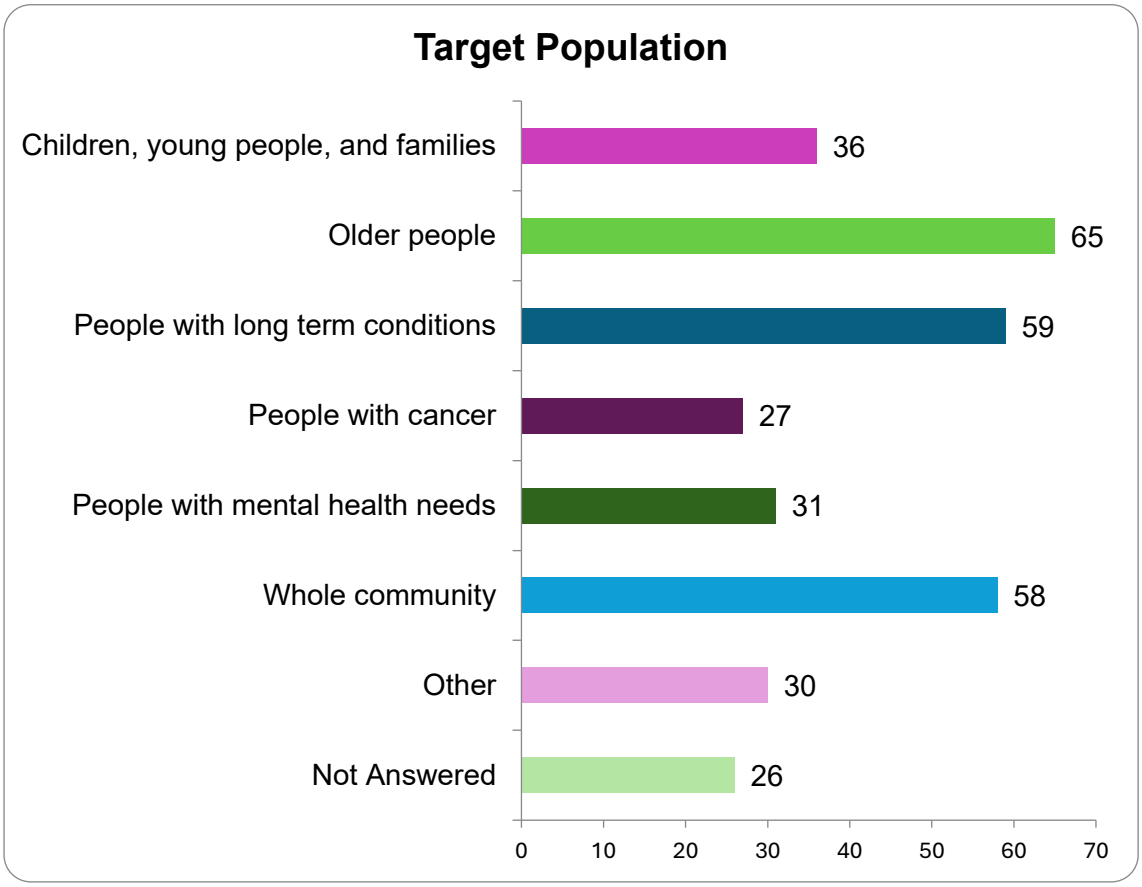
There were 153 responses to this part of the question.



Option	Total	Percent
Less than 10,000	64	34.97%
10,000 – 30,000	11	6.01%
30,000 – 50,000	6	3.28%
More than 50,000	73	39.89%
Not Answered	30	16.39%

9: Target Population

There were 157 responses to this part of the question.



Option	Total	Percent
Children, young people, and families	36	19.67%
Older people	65	35.52%
People with long term conditions	59	32.24%
People with cancer	27	14.75%
People with mental health needs	31	16.94%
Whole community	58	31.69%
Other (please specify below)	30	16.39%
Not Answered	26	14.21%

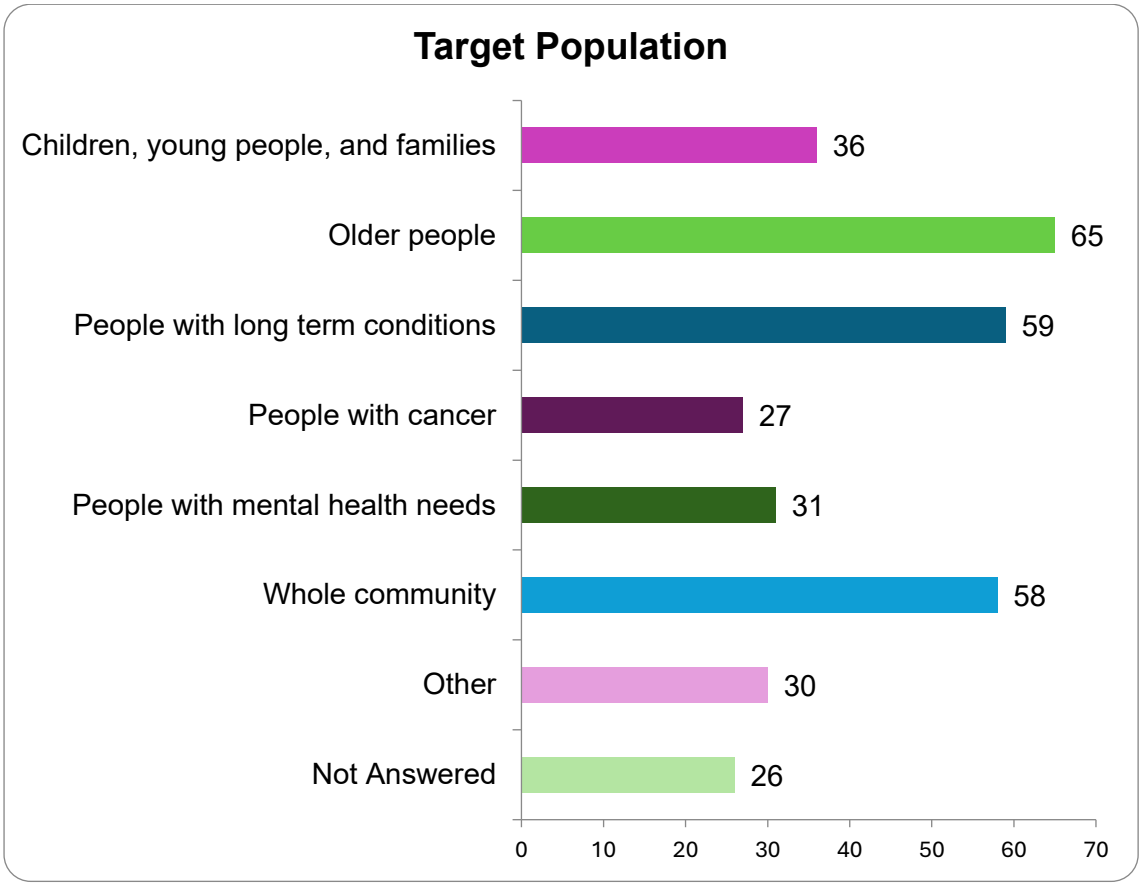
Other

There were 40 responses to this part of the question, encompassing individuals and communities most vulnerable to poor health outcomes and those facing barriers to accessing health, social, and community services:

Service Providers and Partnerships

10: What sectors best describe the organisations involved? Please select all that apply.

There were 167 responses to this part of the question.



Option	Total	Percent
Primary Care General Practice	68	37.16%
Primary Care Community Pharmacy	31	16.94%
Primary Care Dentist	6	3.28%
Primary Care Optometrist	11	6.01%
Community Care Nursing	26	14.21%
Community Care Allied Health Professional	41	22.40%
Community Care Social Care	29	15.85%
Social care	23	12.57%
Voluntary, Community, Social Enterprise	96	52.46%
Health & Social Care Trust HSC	112	61.20%

Independent Care Provider	20	10.93%
Local Government	29	15.85%
Other Statutory Body	23	12.57%
Other (please specify below)	22	12.02%
Not Answered	16	8.74%

Other

There were 37 responses to this part of the question:

Education & Academic Institutions

Ulster University; University College London; Queen's University; Universities (general); Academic Body; Independent Education Providers; Participating Education Authority funded pre-school facilities; Local Schools; Special Schools

Government & Public Sector

Education Authority (EA), Department of Health (DOH), Department for Communities, Arms Length Bodies, Strategic Steering Group, Lisburn and Castlereagh Council, Newry and District Council, Council (general), Prison Service

Health & Social Care

SET HSC Trust; Western Locality Planning; Western Primary Care MDT Service; BHSCT (Belfast Health and Social Care Trust); N. Belfast Social Work Team for Older People; Public Health Nursing Teams in Trust; Medicines Optimisation for Older Persons Pharmacy; GP Federations; Marie Curie Nurses; Evora Hospice Nurses; Specialist High Street Oral Surgery Practices;, Optometry Northern Ireland; Ophthalmology; ENT/Hospitals (mentioned in context); PHA (Public Health Agency); PHA Frailty Network

Community & Voluntary Sector

Surestart; Barnardos; Save the Children; Home Start; Community Voluntary Sector (CVS); Age NI Charity; British Red Cross; Healthy Living Centre; Local Voluntary/Community Organisations; Churches

Other Organisations & Sectors

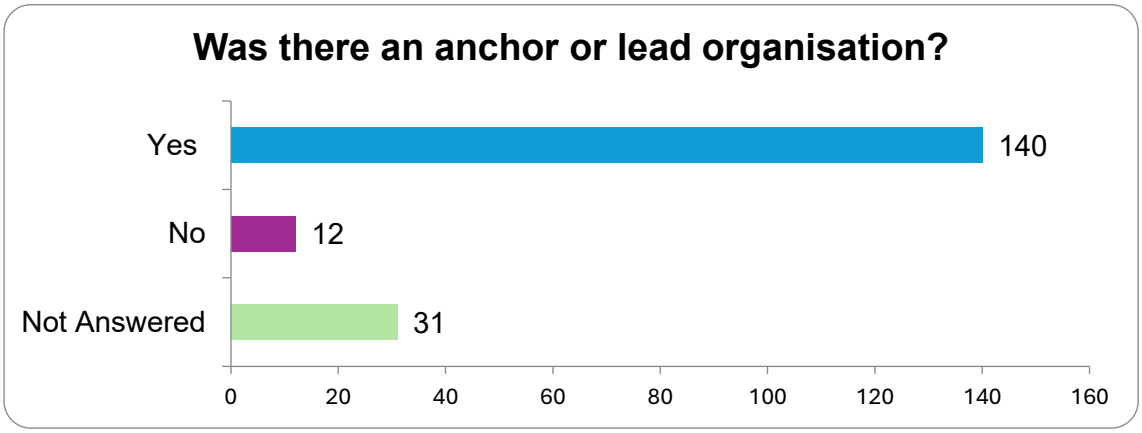
Mears Housing; Freelance Music Therapist; Commercial Technology Company based in Northern Ireland; Environment Sector; Libraries NI; NICMA; ALTRAM; RCSLT

Networks & Collaboratives

Co-Chair of MH Collaborative; HF Warriors (mentioned as Chair role)

11: Was there an anchor or lead organisation?

There were 152 responses to this part of the question.



Option	Total	Percent
Yes (please name below)	140	76.50%
No	12	6.56%
Not Answered	31	16.94%

Please name organisation

There were 142 responses to this part of the question:

Health and Social Care Trusts (HSC Trusts)

Belfast Health and Social Care Trust (BHSCT), Southern Health and Social Care Trust (SHSCT), South Eastern Health and Social Care Trust (SEHSCT), Western Health and Social Care Trust (WHSCT), Northern Health and Social Care Trust (NHSCT)

Government and Strategic Bodies

Department of Health (DoH), Public Health Agency (PHA), Strategic Planning and Performance Group (SPPG), Health and Social Care Board (HSCB)

GP Federations and Primary Care

West Belfast GP Federation; North Down & Ards GP Federations; Ards, Down and North Down GP Federations; First Contact Physiotherapy Services

Community and Voluntary Organisations

Healthy Living Centre Alliance and its members: Bogside and Brandywell Health Forum, Derg Valley Care Ltd, The ARC Healthy Living Centre; Bolster Community; Clanrye Group; Northern Area Community Network; East Belfast Community Development Agency; West Belfast Partnership; Maureen Sheehan Centre; Developing Healthy Communities (DHC); Mid and East Antrim Agewell Partnership (MEAAP)

Mental Health and Specialist Support

Action Mental Health; MindWise; Men's Action Network; The Cedar Foundation; Teenage Cancer Trust; Macmillan Cancer Support; The Rainbow Project; British Red Cross; TinyLife

Academic and Research Partners

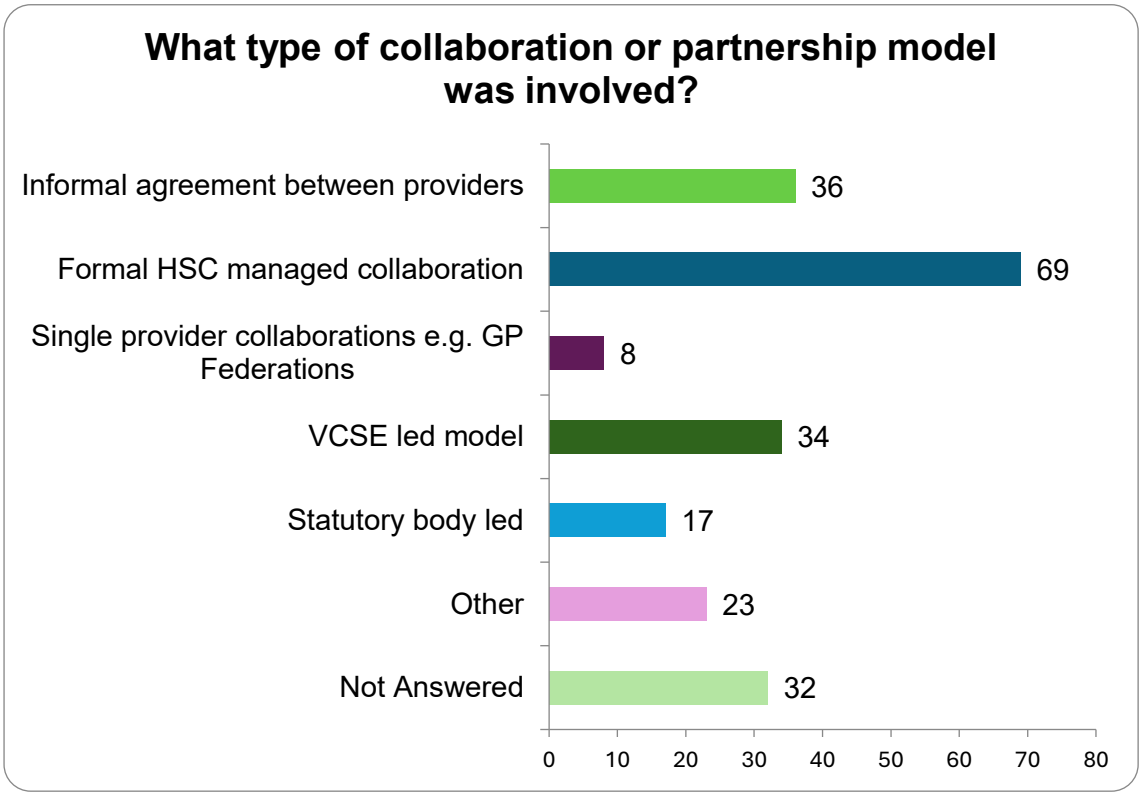
University College London; Queen's University Belfast; Ulster University

Other Key Stakeholders

Community Development and Health Network (CDHN); Diabetes UK (NI); Age NI; Linking Generations Northern Ireland; Fermanagh and Omagh District Council; DfC (Department for Communities) with Arthritis UK

12: What type of collaboration or partnership model was involved?

There were 151 responses to this part of the question.



Option	Total	Percent
Informal agreement between providers	36	19.67%
Formal HSC managed collaboration	69	37.70%
Single provider collaborations e.g. GP Federations	8	4.37%
VCSE led model	34	18.58%
Statutory body led	17	9.29%
Other (please provide details below)	23	12.57%
Not Answered	32	17.49%

Please specify model

There were 33 responses to this part of the question:

Formal Contractual Models

- Primary Care Contract Model: Commissioned by HSC and facilitated by Optometry Northern Ireland, involving signed service specifications for community IP optometrists.
- Service Level Agreements & Memoranda of Understanding: Used to govern partnerships between statutory bodies and community organisations, ensuring clarity in roles and responsibilities.
- Centrally Commissioned Services: Managed by the Department of Health, providing structured funding and oversight for long-term sustainability.

Informal and Flexible Partnerships

- Seed Money Contracts: Short-term funding arrangements for facility hire, often paired with informal agreements between charities (e.g., Arthritis UK) and allied community partners.
- Terms of Reference-Based Agreements: PHA-led programs often operate under informal partnership frameworks to maintain adaptability while aligning with strategic goals.

Multi-Agency and Cross-Sector Collaboration

- Community, Voluntary, and Statutory Partnerships: Long-standing models (5–6 years) that integrate health professionals, councils, and VCSE providers to co-design and co-deliver services.
- GP Federation-Based Collaborations: Bringing together multidisciplinary teams (MDTs), local councils, and voluntary organisations to deliver community-based support sessions.

Co-Creation and Place-Based Approaches

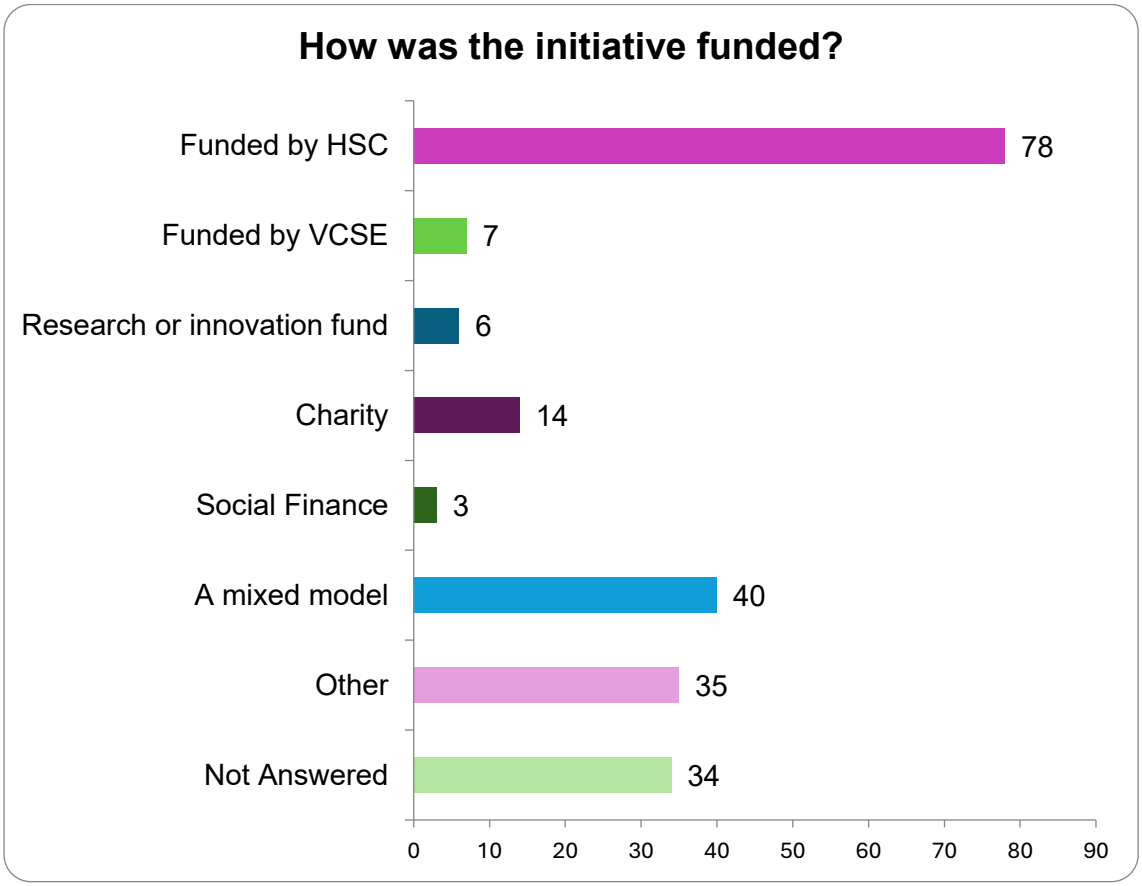
- Neighbourhood Delivery Models: Emphasise co-creation with local participants and co-delivery by community organisations and pharmacies, supported by VCSE networks.
- Decision-Making Based on Evidence and Sustainability: Models prioritise epidemiological data and affordability to ensure care is delivered closer to home.

Emerging and Proposed Models

- Collaborations in Development: Examples include HSCTs working toward formal agreements and statutory-led initiatives involving multi-agency collaboration for new services.

13: How was the initiative funded?

There were 149 responses to this part of the question.



Option	Total	Percent
Funded by HSC	78	42.62%
Funded by VCSE	7	3.83%
Research or innovation fund	6	3.28%
Charity	14	7.65%
Social Finance	3	1.64%
A mixed model (please provide details below)	40	21.86%
Other (please provide details below)	35	19.13%

Not Answered	34	18.58%

Provide details of funding

There were 89 responses to this part of the question:

Mixed Funding Models

- Many initiatives rely on **blended approaches**, combining statutory funding (e.g., Public Health Agency, Health and Social Care Trusts) with charitable grants, philanthropic investment, and community fundraising.
- Example: TinyLife operates through statutory support from the Department of Education and PHA, supplemented by charitable trusts and corporate partners.

Core Statutory Funding

- Several programmes receive **core funding from government bodies**, such as the Department of Health, PHA, and Strategic Planning and Performance Group (SPPG).
- Example: BCPP is funded by the Department of Health with approximately £400,000 annually, alongside capacity-building and evaluation support.

Seed Funding for Innovation

- Pilot projects often start with **seed money** from government or charitable sources to test new models of care.
- Example: West Belfast Federation MDT teams receive annual seed funding from the Department of Health to build voluntary sector capacity.

Charitable and Trust-Based Investment

- Independent charitable foundations play a significant role in funding proof-of-concept projects and scaling successful models.
- Example: The Vivensa Foundation invested £1 million in 2017 for IMPACTAgewell, later matched by SPPG for long-term delivery.

Local Authority and Community Contributions

- Councils and community organisations frequently provide financial and in-kind support, including facilities and staff time.

- Example: Belfast City Council and Urban Villages Initiative contribute resources alongside PHA and partner fundraising.

Non-Recurrent and Short-Term Grants

- Many initiatives depend on **time-limited funding streams**, creating sustainability challenges post-grant period.
- Example: Communities in Transition Programme funding ended in March 2025, impacting East Belfast health initiatives.

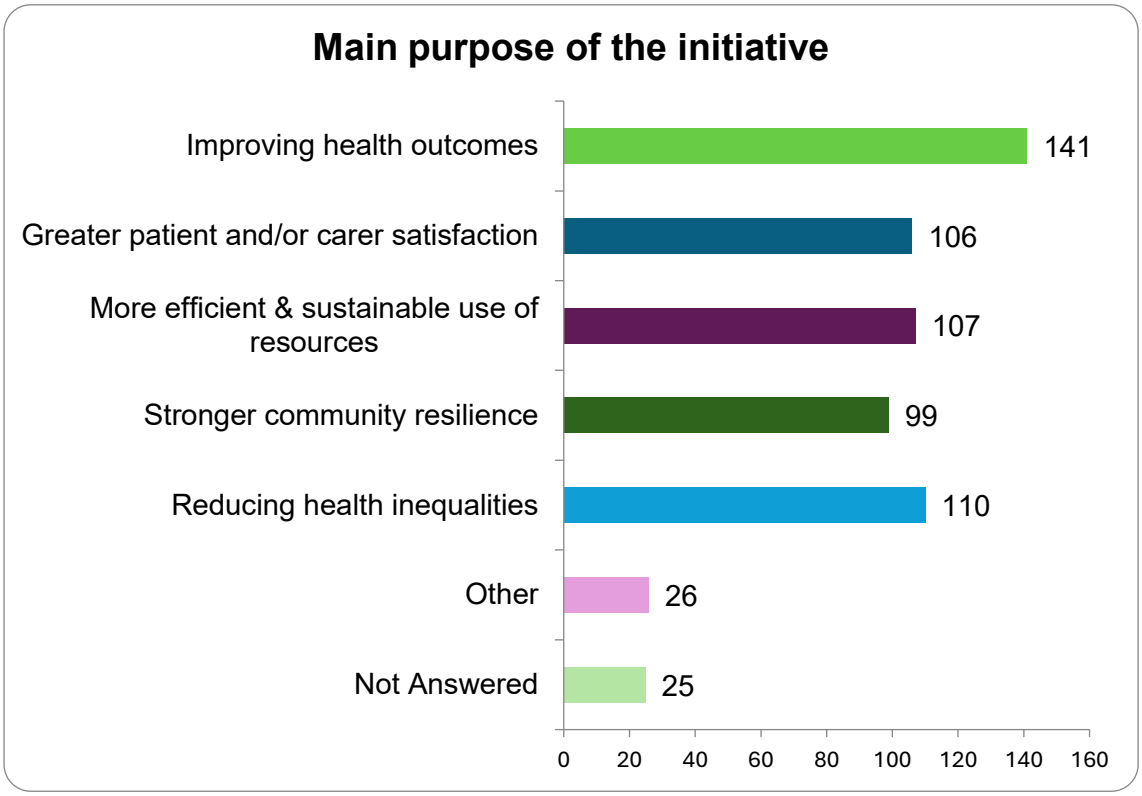
Social Enterprise and Self-Funding

- Some organisations operate as **social enterprises** or reinvest profits from related ventures to sustain services.
- Example: ARC runs childcare services as a social enterprise without state subvention, reinvesting workspace profits into health programmes.

Purpose and Activities

14: Main purpose of the initiative

There were 158 responses to this part of the question.



Option	Total	Percent
Improving health outcomes	141	77.05%
Greater patient and/or carer satisfaction	106	57.92%
More efficient & sustainable use of resources	107	58.47%
Stronger community resilience	99	54.10%
Reducing health inequalities	110	60.11%
Other (please specify below)	26	14.21%
Not Answered	25	13.66%

Specify main purpose of the initiative

There were 41 responses to this part of the question. The overarching goals include:

Enhancing Community-Based Care

- Keeping people with early-stage dementia and other long-term conditions living independently within their communities for longer.
- Improving palliative and end-of-life care to enable patients to die at home if they wish.

Improving Access and Reducing Health Inequalities

- Expanding access to urgent and routine care closer to home, reducing hospital pressures and missed appointments.
- Addressing oral health inequalities and improving health literacy.

Preventative Health and Risk Reduction

- Preventing avoidable sight loss and reducing risks associated with chronic conditions such as heart disease, dementia, and dysphagia.
- Promoting early intervention and tackling health inequities.

Social Wellbeing and Community Development

- Combating loneliness among older adults and improving quality of life for those with chronic pain.
- Building connections through heritage, nature, and community participation using Asset-Based Community Development approaches.

System Efficiency and Cost Savings

- Reducing unnecessary referrals, hospital admissions, and economic inactivity.
- Demonstrating cost-effective models through multi-agency collaboration and integrated neighbourhood services.

Workforce and Technology Innovation

- Utilising optometrists and allied health professionals in community settings.
- Exploring technology for extended rehabilitation and improving workplace health for conditions like arthritis.

15: What were the key activities delivered? Please list and briefly describe.

There were 154 responses to this part of the question. Key Achievements included

Community Support Services:
One-to-one visits, befriending, activity groups, transport assistance, and digital inclusion projects.

Mental Health & Wellbeing:
Confidence-building workshops, suicide prevention training, and wellbeing cafés.

Social Prescribing:
Connecting thousands to local supports, reducing isolation and improving self-management.

Transport Solutions: cost-effective, safe transport for rural older people.

Health Education & Lifestyle:
Nutrition programs, chronic pain management, physical activity initiatives, and digital health interventions.

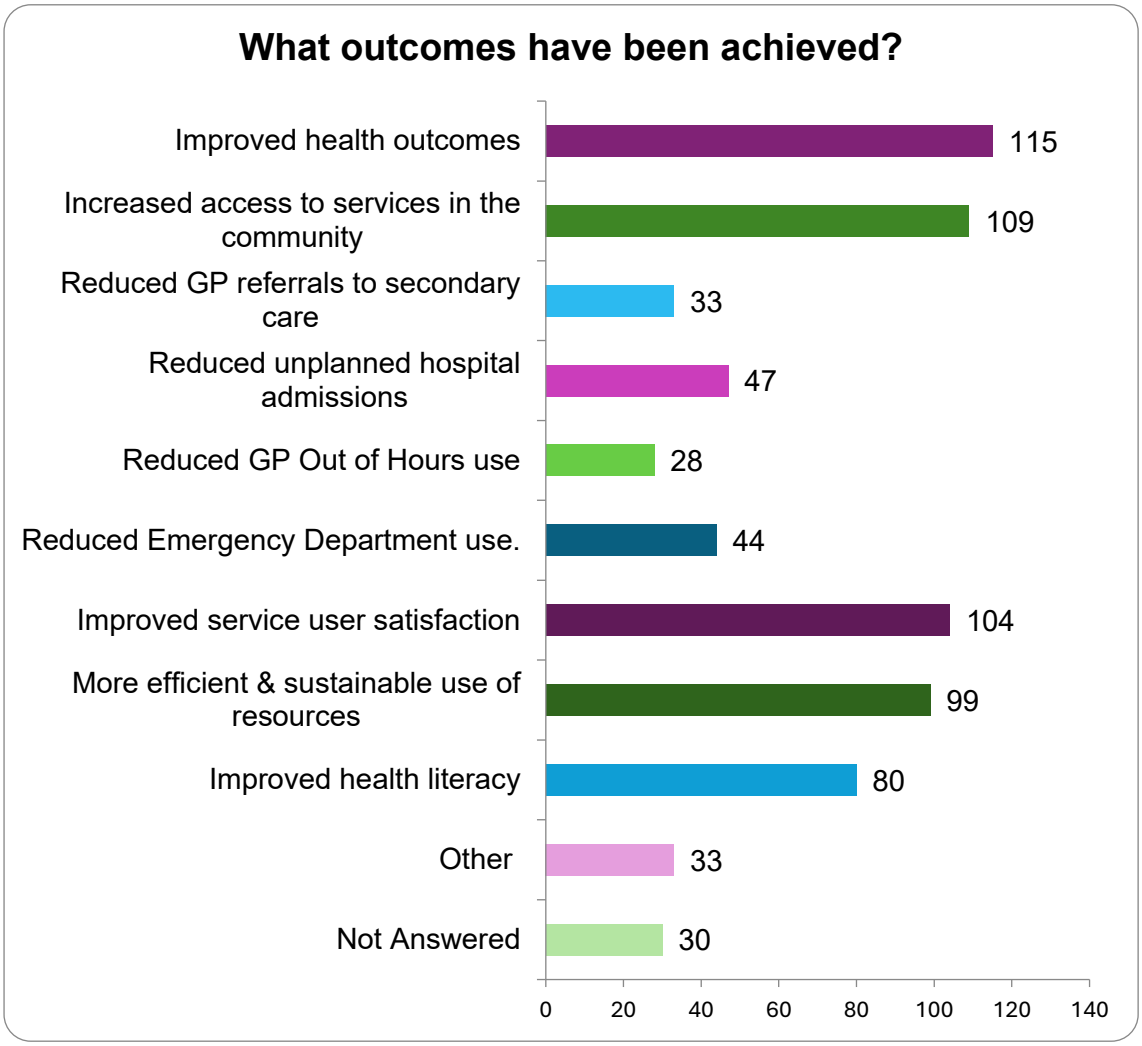
Cancer & Chronic Condition Support:
Prehabilitation pathways, peer support, and targeted awareness campaigns.

Inclusive Services:
LGBTQIA+ cancer support, learning disability programs, and intergenerational initiatives.

Outcomes and Impact

16: What outcomes have been achieved?

There were 153 responses to this part of the question.



Option	Total	Percent
Improved health outcomes	115	62.84%
Increased access to services in the community	109	59.56%
Reduced GP referrals to secondary care	33	18.03%
Reduced unplanned hospital admissions	47	25.68%
Reduced GP Out of Hours use	28	15.30%
Reduced Emergency Department use.	44	24.04%
Improved service user satisfaction.	104	56.83%
More efficient & sustainable use of resources	99	54.10%
Improved health literacy.	80	43.72%

Other (please specify below)	33	18.03%
Not Answered	30	16.39%

Please specify outcomes achieved

There were 53 responses to this part of the question:

Healthcare Access & Efficiency

- Reduction in missed hospital appointments and waiting times (from 6 months to 5 weeks).
- Up to **60,000 hospital appointments saved** through enhanced primary care optometry services in 2024–25, with award-winning innovations like OHT Monitoring.
- 47% drop in GP appointments and self-reported reductions of 65% in A&E visits and 64% in hospital stays among tracked participants.
- Reduced pressure on dental out-of-hours and improved pathways for urgent eye care, lowering GP and A\&E demand.

Community & Social Outcomes

- Stronger community resilience, increased peer support, and better integration between statutory, voluntary, and community services.
- Reduction in social isolation and improved mental wellbeing, particularly among older people in care settings.
- Enhanced awareness of heritage, natural environment, and MSK conditions in promoting mental health and self-management.

Child & Family Health

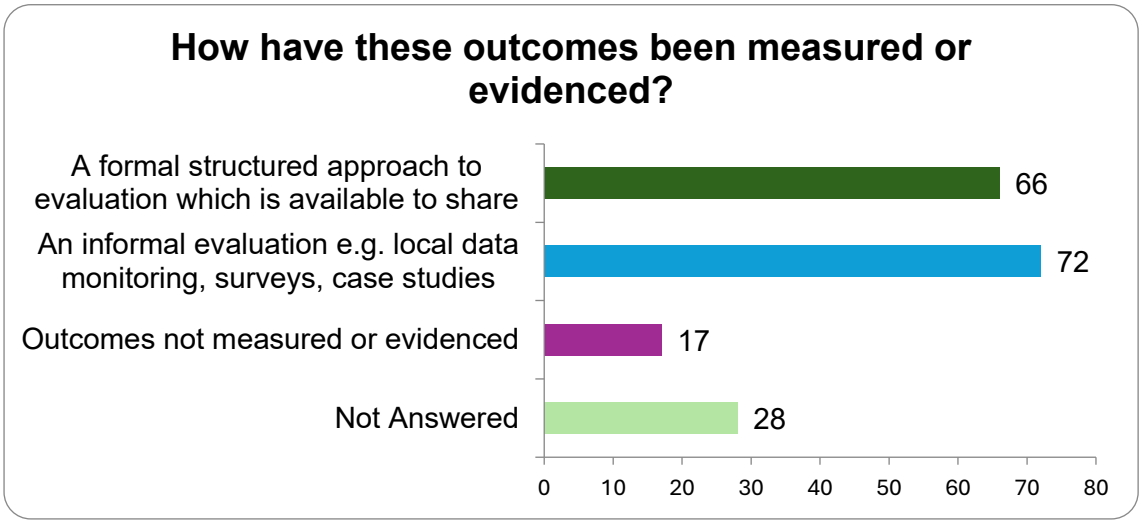
- Improved language and communication outcomes for children, and better early identification and support in schools.
- Measurable improvements in infant health, parental wellbeing, and family resilience through initiatives like TinyLife.
- Positive maternal and child health indicators: higher breastfeeding rates, reduced smoking and substance use in pregnancy, and strong immunisation uptake (96%).

Capacity Building & Workforce Development

- Increased staff confidence, improved partnership working, and strengthened cross-sector collaboration.
- Healthcare professionals better equipped to manage musculoskeletal conditions and chronic pain, contributing to reduced opioid use.

17: How have these outcomes been measured or evidenced?

There were 155 responses to this part of the question.



Option	Total	Percent
A formal structured approach to evaluation which is available to share (please upload at Section 3)	66	36.07%
An informal evaluation e.g. local data monitoring, surveys, case studies (please attach a short summary, if available, at Section 3)	72	39.34%
Outcomes not measured or evidenced	17	9.29%
Not Answered	28	15.30%

Lessons Learned

18: What worked well in this initiative?

There were 152 responses to this part of the question. Across multiple programmes, several key themes emerged as critical success factors:

Community-Centred and Person-Centred Models

Initiatives such as CLARE, DEEDS, and SPRING placed individuals at the heart of service design, tailoring support to personal needs rather than rigid medical models. This flexibility improved engagement, reduced isolation, and enhanced confidence and wellbeing. Co-production with service users and local champions ensured relevance and trust.

Strong Partnerships and Collaboration

Cross-sector collaboration between statutory bodies, healthcare providers, and community organisations was consistently highlighted as a driver of success. Examples include integrated care models, GP and pharmacy partnerships, and multi-disciplinary teams (MDTs) that improved coordination, reduced duplication, and strengthened referral pathways.

Volunteer and Workforce Engagement

Skilled, committed staff and volunteers were vital to delivery. Programmes like DEEDS and Home2Hospital benefited from volunteer-led models that combined practical support with companionship, reducing stress and improving user confidence. Investment in workforce training and capacity building increased sustainability.

Holistic and Preventative Approaches

Many initiatives integrated physical, mental, and social wellbeing support, addressing health inequalities and promoting independence. Examples include dementia awareness training, chronic pain programmes, and strength and balance classes. Preventative strategies reduced hospital admissions, improved self-management, and enhanced quality of life.

Evidence of Impact

Evaluations consistently reported improved health outcomes, reduced loneliness, and increased community engagement. Quantitative measures included reductions in GP visits, emergency admissions, and hospital bed days (e.g., IMPACTAgewell®

achieved £2.38 Return on Investment per £1 invested and £2.22 social value). Qualitative feedback highlighted improved confidence, resilience, and satisfaction among participants and carers.

Innovation and Adaptability

Programmes demonstrated agility in responding to emerging needs, such as digital tools for remote engagement, hybrid delivery models, and culturally responsive practices for diverse communities. This adaptability ensured continuity during challenges like COVID-19 and strengthened long-term sustainability.

19: What challenges or barriers were encountered?

There were 140 responses to this part of the question. The barriers identified span funding, workforce, service delivery, governance, and community engagement, with recurring themes of short-term planning, resource constraints, and fragmented systems:

Funding and Sustainability

- Heavy reliance on short-term, project-based grants creates uncertainty and limits scalability.
- Administrative burdens from repeated funding applications reduce time for service delivery.
- Cuts in public sector budgets and lack of core funding undermine long-term planning and staff retention.

Workforce and Capacity

- Recruitment and retention challenges due to job insecurity and non-competitive salaries.
- Shortages of specialists (OTs, SWs, physiotherapists, pharmacists) and volunteers.
- COVID-19 exacerbated staffing pressures and disrupted relationship-building.

Service Delivery Barriers

- Rural isolation, poor transport, and digital exclusion hinder equitable access.

- Infrastructure limitations in GP practices and care homes; IT system incompatibilities.
- Logistical challenges in material supply, venue availability, and participant transport.

Partnership and Governance

- Complex coordination among multiple stakeholders (Trusts, councils, VCSE, funders).
- Governance pressures on volunteer boards; frequent policy shifts require adaptation.
- Data-sharing inconsistencies and cultural resistance to integrated working.

Community Engagement and Social Factors

- Difficulty reaching disadvantaged groups and building trust with statutory services.
- Cultural and language barriers in migrant and LGBTQIA+ communities.
- Low initial awareness and engagement; stigma around mental health and social care.

Programme-Specific Challenges

- **DEEDS Project**: Need for under-65 dementia support and brain health education.
- **Home2Hospital**: Limited geographic reach; short-term funding cycle.
- **SPRING Social Prescribing**: Rural delivery barriers; reliance on GP referrals.
- **IMPACTAgewell®**: Growing ageing population; loss of pharmacy home visits.
- **Dental Care Access**: Declining patient registrations; remuneration disputes.

External Factors

- Economic pressures (rising costs) and policy uncertainty.
- COVID-19 disruptions to face-to-face models and increased isolation.

Measurement and Evaluation

- Difficulty tracking soft outcomes (confidence, social connection).
- High administrative burden for data collection and reporting.

20: What lessons could be applied to a neighbourhood model of care in Northern Ireland?

There were 148 responses to this part of the question. The overarching themes include:

Funding and Sustainability

Long-term, secure funding frameworks are essential to reduce staff turnover, enable stability, and support strategic development for statutory and voluntary sectors. Short-term funding limits planning and continuity, particularly for social prescribing and community-based services.

Community-Led and Co-Designed Models

Successful neighbourhood care starts with community ownership rather than top-down design. Co-production with local people and VCSE partners builds trust, ensures relevance, and strengthens resilience. Models like ARC and BCPP demonstrate that embedding community voice and local assets into governance and delivery is critical.

Integration and Collaboration

Cross-sector partnerships between statutory services, VCSE organisations, and local councils are vital. Integrated hubs and multidisciplinary teams (MDTs) improve coordination, reduce duplication, and deliver holistic, person-centred care. Shared governance, joint training, and clear referral pathways underpin success.

Prevention and Early Intervention

Early intervention reduces system pressure and improves outcomes. Programmes targeting frailty, dementia, mental health, and chronic conditions highlight the importance of proactive care, health literacy, and social prescribing. Embedding prevention into neighbourhood models aligns with the Department's vision for integrated care.

Workforce Development

Investment in workforce capacity, training, and career pathways is crucial. Advanced Nurse Practitioners, social prescribers, and allied health professionals play key roles in delivering care closer to home. Protected time for MDT meetings and relationship-building enhances collaboration.

Digital and Data Integration

Shared data systems and digital tools enable safe information exchange, outcome monitoring, and service improvement. Digital inclusion and hybrid delivery models expand access, particularly for rural and underserved populations.

Equity and Inclusion

Neighbourhood models must address health inequalities and social determinants such as housing, poverty, and isolation. Inclusive design principles ensure services reach marginalised groups and reflect diverse cultural contexts.

Evidence and Evaluation

Continuous learning and robust evaluation frameworks are essential for scaling successful models. Combining quantitative outcomes (e.g., reduced hospital admissions) with qualitative evidence (community confidence, trust) strengthens advocacy for sustained investment.

Section 3: Any additional information

21: Should you have any further information you would like to share, please detail below or use the option to upload files:

There were 91 responses to this part of the question. Collectively, the evidence highlights the scale of current pressures, the proven effectiveness of locally-driven models, and the opportunity to embed more sustainable, person-centred approaches across population groups and settings.

System Pressures and the Need for Reform

Several contributors emphasise that General Practice is significantly underfunded, receiving less than 5% of the NI health budget—among the lowest levels in developed nations. This underinvestment is viewed as unsustainable and a threat to system stability. Many submissions highlight long waiting lists, growing complexity, and rising demand linked to multimorbidity, ageing, poverty, and rural inequality.

Strong Evidence for Early Intervention & Prevention

A consistent theme across case studies is that early intervention reduces demand on acute services. Examples include:

- MARA model and its transferability from rural to urban settings, offering practical improvements in early help and health inequalities.
- Community-based programmes (e.g., social prescribing, diabetes lifestyle interventions, memory support, frailty prevention) demonstrating measurable improvements in wellbeing, reduced loneliness, improved biomarkers, and fewer hospital admissions.
- SLT, physiotherapy, pharmacy and MDT-led models showing clear clinical, functional and economic benefits when delivered closer to home.

Community & Voluntary Sector as Equal Partners

The evidence strongly reinforces that the community and voluntary sector (CVS) is essential to successful neighbourhood working. CVS organisations offer:

- Deep local knowledge and trust.
- Flexibility and reach not easily replicated in statutory services.
- Proven impact on mental health, social connection, self-care, and resilience.

- Capacity to help reduce GP and hospital pressures through preventative work and supported self-management.

Examples include EBCDA, Rainbow Project, Linking Generations NI, Care Zone, Family Response Service, IMPACTAgewell®, SPRING Social Prescribing, and many others.

Successful Neighbourhood and Integrated Care Models

Multiple evidence submissions show how collaborative, place-based working delivers tangible results:

- Community pharmacy-led innovations (Daffodil Standards, diabetes support, community diagnostics, medication optimisation, and paediatric/GP hubs).
- Optometry pathways (PEARS, SPEARS, post-operative pathways) reducing unnecessary hospital referrals and preventing avoidable sight loss.
- Neighbourhood MDTs (First Contact Physio, Senior Mental Health Practitioners, social work, chronic pain clinics, maternal mental health, frailty interventions).
- British Red Cross CHWW model demonstrating reductions in hospital admissions and improved screening uptake.

These models consistently deliver: Faster access to support, Better patient experience, Reduced pressure on secondary care, Effective management of chronic conditions in community settings

Digital Enablement & Data

Several submissions highlight the need for better digital integration, including:

- Shared data systems between health and community partners
- Point-of-care diagnostics
- Digital triage, remote rehab, and VR-supported recovery
- Predictive analytics for risk stratification

Digital capacity is viewed as essential for scaling neighbourhood care.

Workforce Innovations & Role Expansion

Evidence repeatedly shows the value of the multi-disciplinary workforce whose roles are essential to sustainable primary and community care. Examples include:

- Pharmacists, physiotherapists, mental health practitioners, OTs, SLTs, dementia navigators, link workers and community health workers.
- Programmes where these professionals lead care pathways demonstrate improved outcomes and reduced reliance on GPs and hospitals.

Outcomes and Impact

Across the wide range of submissions, reported outcomes include:

- Significant reductions in hospital admissions, emergency attendances and unscheduled care
- Increased independence, confidence and self-management
- Improved mental wellbeing (often >95% positive survey results)
- Social return on investment as high as £5.81 per £1 (IMPACTAgewell®)
- Intensive rehab models demonstrating faster recovery and earlier discharge
- Increased access to screenings, immunisations and preventative services

Key Lessons Learned

Common lessons emerging across evidence include:

- Stable, long-term funding is required to scale effective models.
- Hyper-local, trusted relationships drive engagement and outcomes.
- Collaboration between statutory services and CVS is essential—not optional.
- Neighbourhood care must be flexible and tailored to rural and urban context.
- Investment in digital tools, community diagnostics, and shared training strengthens integration.
- Prevention must be embedded, not optional.

Annex B: Compendium of Good Practice

The Compendium of Good Practice provides a consolidated overview of the key resources, materials, and examples that have been shared to support our ongoing work.

All resources shared as part of the Call for Evidence have been published on the Department for Health website.

Organisation and Project / Initiative Name	Shared Resources
Action Mental Health - OUR Generation Project	• Best Practice Guidelines for embedding a Trauma Informed Approach into peacebuilding programmes for youth focused settings • Project Impact Report 2020-2023
Alzheimer's Society	• Neighbourhood Health for Dementia
Arthritis UK - Healthcare Professional education and training	• Education and training for healthcare professionals • Partnering with Patients at Ulster University, Northern Ireland • Patient Voice evidencing • People with Lived Experience Join Zoom Calls enabling Final Year Medical Students to Understand Life with Chronic Pain
Arthritis UK - HSCQI Opioid Improvement Collaborative & resulting Partnerships with Carryduff and Scotch Quarter	• Carryduff - Story of Change • HSCQI Opioid Improvement Collaborative • HSCQI Opioid Recognition Booklet 25 09 2024
Arthritis UK - OAK ('Options Advice Knowledge')	• Draft AHP Research & Innovation Conference programme • Feedback from Other Contributors • Feedback from Partners • OAK poster • OAK Project • OAK poster
Bannside Pharmacy Ltd - 6 Week Health and Wellbeing Course	• PG1 Vitality Health and Wellbeing Bank Metrics - October 2025 to November 2025 • Portglenone Diabetes Partnership 2018 Results

Belfast Health and Social Care Trust - Belfast Community Palliative Care Hub	• Single Point of Access for Adults with Palliative and End of Life Care Needs in the Belfast Locality - Project Initiation Document
Belfast Health and Social Care Trust - Live Better	• Belfast Health and Social Care Trust - Neighbourhood Care
Belfast Health and Social Care Trust - Right place, right time, right assessment; impact of occupational therapy input in early review of social care needs	• Early Review Case Study
Belfast Health and Social Care Trust & West Belfast GP Federation - OAK Knee (Options, advice & knowledge Osteoarthritis knee)	• OAK (Options Advice Knowledge) Knee
Belfast Health and Social Care Trust Occupational Therapy Department - Independent Placement Support, partnership between Occupational Therapy and Action Mental Health	• Individual Placement & Support (IPS)
Belfast Health and Social Care Trust Occupational Therapy Service - Community Rehabilitation Service; Living Well, Living Fully: The Power of Occupational Therapy	• Living Well, Living Fully - The Power of Occupational Therapy within Community Rehabilitation Service
Belfast Health and Social Care Trust, Northern Ireland New Entrants Service (NINES - Family Help Clinic	• NINES – Family Help Clinic – November 2022 to December 2024
Belfast Healthy Cities - Care Zone	• Progress on Recommended Actions & Developments in the 2019 Care Zone report – Update 2022
British Association for Music Therapy - Connecting through song	• Report Findings October 2023

Business Services Organisation, HSC Clinical Education Centre	• HSC Clinical Education Centre – Nursing Examples for Call for Evidence on Neighbourhood Care
Causeway GP Federation - Causeway Emotional Health and Wellbeing Guide	• An online menu of resources that promote mental health and wellbeing services, groups and activities within the Causeway GP Federation area
Children in Northern Ireland - Gets Active Project (Holiday Food and Activities Programme) and Children's Services Training Programme	• Children in Northern Ireland Response to Call for Evidence - Northern Ireland Neighbourhood Model of Care
Community Care AHP - New Models of Prescribing: Dietitian led direct ordering of oral nutritional supplements for care home residents	• Review and Recommendations for New Models of Prescribing
Community Development and Health Network - Building the Community-Pharmacy Partnership (BCPP) Programme	• Kingdom Youth Club (KYC) – BCPP Project Impact Report
Community Health Synchronisation (CoH-Sync)	• Community Health Synchronisation (CoH-Sync) Evaluation Report – March 2022
Community Pharmacy Northern Ireland	• Community Pharmacy Northern Ireland Response to Call for Evidence - Northern Ireland Neighbourhood Model of Care
Community Pharmacy Palliative Care Network	• Northern Ireland Community Pharmacies Providing Palliative Care Services
Connecting Together: Strengthening Collaboration between Western Family Support Hubs, Primary Care Multi-disciplinary Teams & Western Locality Planning	• Connecting Together - Strengthening Collaboration between Western Family Support Hubs, Primary Care Multi-disciplinary Teams & Western Locality Planning
Dexcom	• Dexcom response to Call for Evidence for Evidence – Northern Ireland Neighbourhood Model of Care
Diabetes UK (Northern Ireland - Live Well Hub: community diabetes information and engagement	• Engaging Diabetes Communities - Interim Evaluation Report - 28 February 2023 to 31 August 2025

East Belfast Community Development Agency - East Belfast Health and Wellbeing Programme	• Summary of Informal Evaluations used
Eastern Federation Support Unit	• Eastern Federation Support Unit Response to Call for Evidence - Northern Ireland Neighbourhood Model of Care
Epilepsy Action Northern Ireland - Epilepsy Vanguard Model	• Epilepsy Action Northern Ireland Response to Call for Evidence - Northern Ireland Neighbourhood Model of Care
Federation of Family Practices West Belfast CIC - West Belfast GP Federation: delivering integrated primary care at scale	• Call for Evidence – Neighbourhood Model – Mental Health in Primary Care • West Belfast Primary Care Multidisciplinary Team Service • West Belfast Primary Care Multidisciplinary Team Service - A joint partnership between BHSCT & West Belfast GP Federation
Fermanagh and Omagh District Council - Integrated Wellbeing Network (IWN)	• Community Plan – Progress Update Reports
Green Gym in partnership with Occupational Therapy and The Conversation Volunteers (TCV), Mental Health Directorate	• Community Green Gym – 2021 Evaluation
Healthy Living Centre Alliance - Better Days Pain Support Programme	• Better Days Pain Support Programme – Evaluation – April 2022 to March 2023
Healthy Living Centre Alliance - Heritage 4 Health	• Heritage 4 Health – Project Evaluation – April 2023 to June 2024
Healthy Living Centre Alliance - Rural SPRING Social Prescribing	• SPRING Enhanced Rural Social Prescribing Project – Evaluation Report – November 2021 to March 2023
Healthy Living Centre Alliance - SPRING Social Prescribing Project	• SPRING Social Prescribing Project – Evaluation Report – November 2020 to December 2022
Inspire Wellbeing	• Inspire Response to Call for Evidence – Northern Ireland Neighbourhood Model of Care
Integrated Care Partnership (ICP)	• Neighbourhood Health Pilots

Interact: Supporting needs of high intensity users of NIAS services	• NIAS Complex Case Team Evaluation
Knee and Hip Osteoarthritis 'Well While Waiting' Information sessions	• Hip Osteoarthritis Information Session • Well While Waiting – First Contact Physiotherapy Service
Low Intensity-CBT for Common Mental Health Problems	• The Value of Digitally Supported Evidence-Based Step 2 Psychological Interventions for Northern Ireland – November 2025
Macmillan Cancer Support - Macmillan Northern Ireland Regional Integrated Cancer Prehabilitation Programme	• Macmillan Northern Ireland Regional Integrated Cancer Prehabilitation Programme Evaluation – Final Report
Macmillan Cancer Support - The Rural Communities Cancer Project	• Preliminary findings from reflective summary tool (RST) reports
Marie Curie - Hospice Care at Home, Urgent Hospice Care at Home	• Marie Curie Response to Call for Evidence – Northern Ireland Neighbourhood Model of Care
Mid and East Antrim Agewell Partnership - IMPACTAgewell®	• An Integrated Community Development Approach to Improving the Health and Well-Being of Older People – Sharing our Learning – 1 April 2017 to 31 March 2019
Mid and East Antrim Borough Council (Age Friendly) - IMPACTAgewell	• An Integrated Community Development approach to Improving the Health & Well-Being of Older People – Year 4 Evaluation Update – 1 April 2017 to 31 March 2022
Mountsandel Medical Centre MDT - AWARE (Advancing Wellbeing in a Restorative Environment)	• AWARE Evaluation August 2024
Mountsandel Medical Centre MDT – HUG: Helping You Grieve	• HUG Evaluation July 2025
NI Children's Hospice - Horizon's Bereavement Service	• Horizon's Bereavement Support
Northern Area Community Network - Glens Healthy Places	• Glens Healthy Places - Evaluation Report – May 2020 • Glens Healthy Places – Programme Evaluation Report – December 2021 to December 2023

	• Glens Healthy Places 2019 to 2020 – Impact and Learning Summary
Occupational Therapy Services - a variety of teams and initiates	• Occupational Therapy Evidence
Ocular Hypertension and Glaucoma Care Pathway	• Summary of patients using Ocular Hypertension and Glaucoma Care Pathway
Old Library Trust - The DEEDS Project	• DEEDS (Dementia Engaged and Empowered in Derry & Strabane) Project – Final Evaluation August 2025
Optometry Northern Ireland - Glaucoma Referral Refinement	• General Ophthalmic Services for Northern Ireland - Quarterly Series to Q1 2024-25
Optometry Northern Ireland - NIPEARS	• Southern Primary Eyecare Assessment & Referral Service Pilot "SPEARS" – Pilot Evaluation Report
Optometry Northern Ireland - Post Operative Cataract Care in community	• Post-op Cataract Review and Assessment Service 2025-26
PACT Primary care and Community Together - ImpactAgewell	• An Integrated Community Development Approach to Improving the Health and Well-Being of Older People – The Community Pharmacy Fit
Patient Client Council	• Patient Client Council Response to Call for Evidence - Northern Ireland Neighbourhood Model of Care
Primary Care Adult Audiology	• Supporting People with Hearing Loss in Northern Ireland
Primary Care Audiology	• Primary care audiology – accessible ear and hearing care for all
Primary Care General Practice & General Practice Nurse	• A 12 week health program with multiple stake holder involvement, and data collection pre and post program
Public Health Agency - Special School Partnership Programme	• Health Education Partnership Lead - Progress from beginning of Pilot Programme in June 2023 to November 2025
Queen's University Belfast, School of Nursing - WAVE	• A qualitative study of survivors of the Northern Irish Troubles • Citizen trainers engage with Nursing and Midwifery students • Northern Ireland and 'The Troubles' • Partnership of the Year - Combining and integrating Citizen Trainers in Nurse Education

Royal College of General Practitioners (RCGP)	• Royal College of General Practitioners Response to Call for Evidence - Northern Ireland Neighbourhood Model of Care
Royal College of Occupational Therapists - “The Day we went to Bangor ……..”	• “The Day we went to Bangor ……..”
Royal College of Occupational Therapists - Early Review case study	• Early Review Case Study
Royal College of Occupational Therapists - Living Well, Living Fully: The Power of Occupational Therapy within Community Rehabilitation Service	• Living Well, Living Fully - The Power of Occupational Therapy within Community Rehabilitation Service
Royal College of Occupational Therapists - Right place, Right time, Right assessment; the impact of Occupational Therapy input in early review of social care needs	• Right place, Right time, Right assessment
Royal College of Occupational Therapists - Sensational Spaces	• Quality4You 2025 – Sensational Spaces
SET - Help Kids Talk	• Help Kids Talk – Report card – September 2024 to August 2025
South-Eastern Health and Social Care Trust	• Multidisciplinary education initiative focusing on the management of the deteriorating patient
South-Eastern Multi-Disciplinary Team (MDT)	• “Your Experience of the Multidisciplinary Team (MDT) at your GP Surgery” - Exploring the lived experience of service users, families and carers • Addressing Frailty in Primary Care - Outcomes from a 12-week functional strength programme • Down MDT Social Work Practitioners – Summary April 2024 to March 2025 • Primary Care MDT Senior Mental Health Practitioners Response to Call for Evidence -

	Northern Ireland Neighbourhood Model of Care
Southern GP Federation Support Unit	• A pathway between Southern GP Federation and Advocacy VSV • Early Respiratory Diagnostic Hub • MDT Senior Mental Health Practitioners – A new model for Primary Care • Presentation Sentinel Plus for PBL • Student counsellor information
Southern Health and Social Care Trust	• Links to evidence on NISCC social work and community development website in response to call for NI Neighbourhood Model • Response to call for evidence for the Neighbourhood Care Model
Southern Health and Social Care Trust - Community Strength and Balance programme	• Community Strength and Balance Pilot in Southern Trust Area
Southern Health and Social Care Trust - Diabetes Prevention Programme (DPP)	• Diabetes Prevention Programme NHSCT - Evaluation Report
Southern Health and Social Care Trust - mPower	• Evaluation of the mPower Project – 2017 to 2022 Full Report
Southern Health and Social Care Trust - Regional nMABS triage service	• COVID19 nMAB and Antiviral weekly monitoring return - September 2025
Southern Health and Social Care Trust - Social Prescribing Project, Mullaghbawn GP Surgery	• Social Prescribing Pilot Project – Mullaghbawn GP Surgery – Evaluation Report
Southern Health and Social Care Trust - Verve Healthy Living Network	• Craigavon Neighbourhood Renewal Health Improvement Programme – Outputs and Outcomes Report 2019 to 2022
Southern Health and Social Care Trust, District Nursing Service	• Neighbourhood District Nursing Model
Strategic Planning & Performance Group - Building the Community Pharmacy Partnership (BCPP)	• BCCP Impact Report Summary 2024

Strategic Planning and Performance Group, Dental Team, Primary Care Directorate - Dental Access Scheme	• Dental Access Scheme (DAS) PDS Pilot Scheme Monitoring Report - Dental Access Scheme (DAS) PDS Pilot Scheme Monitoring Report - 1 August 2024 to 31 October 2025
Strategic Planning and Performance Group, Dental Team, Primary Care Directorate - Happy Smiles Oral Health Programme	• Evaluation of the 'Happy Smiles' Oral Health Programme for Pre-school Children in Northern Ireland
Strategic Planning and Performance Group, Dental Team, Primary Care Directorate - Oral Surgery Pilot PDS Scheme	• Oral Surgery Pilot PDS Scheme 2022-23 – Post Project Evaluation
Strategic Planning and Performance Group, Directorate Of Hospital Care - Development of a Frailty/Ageing Well Hub; Heart Failure Project	• Development of a Frailty Ageing Well Hub and Heart Failure Project • Development of an Action Plan to reduce the impact of Frailty in the Southern AIPB area • Southern Area Heart Failure Deep Dive - August 2025
Strategic Planning and Performance Group, Ophthalmic Services – NI PEARS Plus	• NI PEARS Plus Pilot – Evaluation Report – April 2023 to December 2023
Strategic Planning and Performance Group, Primary Care Directorate, Ophthalmic Services - Primary Care Optometry Enhanced Services	• General Ophthalmic Services - Family Practitioner Services Statistics for Northern Ireland 2024-25
Terry Maguire, UCA, Northern Pharmacies and others - Healthy Hearts in the West	• Healthy Hearts in the West Status Report – December 2012 • Northern Pharmacies Ltd Trust Fund - Weight Management Service - Proposed Pilot Service Specification
The ARC Healthy Living Centre	• Building the ARC: the story of a Healthy Living Centre which has been shaped by the community it serves
The Cedar Foundation - ABI Choices	• ABI Choices – Evaluation of Service – Spring 2023

The Cedar Foundation - Inclusion Works	• Department for the Economy Quality Monitoring Review and Evaluation Return – March 2023
Tiny Steps (formerly Parent Infant Programme)	• Bonding from the Beginning – An Evaluation of the Parent Infant Programme in the Southern Health and Social Care Trust
TinyLife - TinyLife Family Support and Early Intervention Model	• TinyLife Response to Call for Evidence - Northern Ireland Neighbourhood Model of Care
Vivensa Foundation - ImpactAgewell	• An Integrated Community Development Approach to Improving the Health and Well-Being of Older People – Sharing our Learning – 1 April 2017 to 31 March 2020
Wellness Hub at Ballywillan	• Establishment of Ballywillan Wellness Hub to support early intervention and prevention of ill health
West Belfast Partnership Board Strategic Health Group	• West Belfast Partnership Board Strategic Health Group - Response to the Department of Health NI's 'Future Planning Model: Integrated Care System (ICS) NI Draft Framework' - 17 September 2021
Western Health and Social Care Trust - Developing a Primary Care Neighbourhood Network	• Neighbourhood Network Model
Western Health and Social Care Trus - Neighbourhood District Nursing Prototype	• Nursing Examples – Limavady District Nursing
Western Heath & Social Care Trust	• Allied Health Professions Examples • Nursing Examples – Community Nursing, Intermediate Care and Rehabilitation, and Cancer Services

Main Purpose of Initiatives

The initiatives collectively aim to transform health and social care delivery in Northern Ireland through integrated, community-based models that prioritise:

- Prevention and early intervention to reduce reliance on acute services.
- Person-centred care, placing individuals and families at the heart of decision-making.
- Cross-sector collaboration between statutory, voluntary, and community partners.
- Addressing social determinants of health (housing, poverty, isolation, mental health).
- Building sustainable neighbourhood models with strong local engagement and co-production.
- Embedding innovation and digital tools for improved access and efficiency.

Outcomes Achieved

Improved Health & Wellbeing

- Significant reductions in hospital admissions (up to 74%), bed days (69%), and GP visits.
- Enhanced mental health, resilience, and social connectedness across age groups.
- Increased confidence and self-management for chronic conditions and frailty.

Financial & Social Impact

- Return on Investment (ROI):
  - IMPACTAgewell®: £2.38 saved for every £1 invested; Social ROI £2.22.
  - Community Pharmacy interventions: £5.81 per £1 invested.
- Cost avoidance through reduced emergency admissions and improved medication adherence.

Community Engagement & Inclusion

- Thousands engaged through social prescribing, mental health programmes, and wellbeing hubs.

- Targeted support for vulnerable groups: older adults, children, ethnic minorities, and asylum seekers.
- Trauma-informed approaches embedded in youth and peacebuilding initiatives.

Capacity Building

- Development of multidisciplinary teams (GPs, pharmacists, social workers, mental health practitioners).
- Training for professionals and volunteers in frailty, suicide prevention, and early years support.
- Strengthened VCSE sector through funding and partnership models.

Innovation & Scalability

- Pilots such as NI PEARS Plus and SPEARS demonstrated safe, cost-effective care closer to home.
- Digital integration for referral pathways and shared records.
- Models like BCPP and SPRING provide replicable frameworks for neighbourhood care.

Collaboration / Partnership Models

Locality Hubs

(IMPACTAgewell®):

- Brings together GPs, pharmacists, social workers, and community organisations.
- Formal data-sharing agreements enabled robust ROI tracking and improved integration.

Community Development Networks

(Glens Healthy Places, Verve Model):

- Asset-based approach leveraging local organisations and volunteers.
- Participatory budgeting and small grants foster ownership and sustainability.
- Lesson: Place-based planning and micro-investments strengthen social capital.

Social Prescribing Partnerships

(SPRING, BCPP):

- Connects GP practices with community groups via link workers.
- Demonstrated reductions in GP visits (–47%) and A\&E attendances (–65%).
- Lesson: Requires long-term funding and digital infrastructure for referrals.

Cross-Sector Collaboratives

(OUR Generation, Help Kids Talk):

- Combines mental health, education, and peacebuilding expertise.
- Academic partners ensure evidence-based practice and robust evaluation.
- Lesson: Trauma-informed frameworks and shared learning enhance impact.

Technology-Enabled Partnerships

(Dexcom, NI PEARS Plus):

- Integrates digital health tools with primary care and community optometry.
- Lesson: Invest in workforce training and interoperability for scalability.

Funding Models

Mixed and Hybrid Funding Models

- Many programmes adopted blended approaches, combining statutory funding, charitable co-investment, and innovation grants. For example, Marie Curie's neighbourhood care models operated on a mix of statutory funding (£3.17m in FY 25/26), charitable contributions, and grant support, achieving strong Return on Investment (154%–212%) despite limited statutory allocations.
- Social enterprise elements were introduced in some cases to reduce reliance on grants, such as ARC's hybrid model generating income through childcare and training services.

Statutory and Public Health Agency Support

- Several initiatives were funded by the Department of Health (DoH) or Public Health Agency (PHA).
    - *Healthy Hearts in the West* was jointly funded by PHA and Belfast Local Commissioning Group with a budget of £268,034 for 19 months.
    - The PHA Small Grants Programme administered over £1.5m annually, supporting 475+ grassroots projects focused on mental health and wellbeing.

Grant-Based and Short-Term Funding

- A significant proportion of projects relied on time-limited grants (e.g., Lottery, PEACE IV, Safefood), creating uncertainty and limiting long-term planning.
- Administrative burdens from multiple funders with distinct reporting requirements were frequently cited as barriers, diverting resources from service delivery.

Community and Charitable Contributions

- Many VCSE-led initiatives depended on community fundraising and donations to supplement core funding.
- Examples include Macmillan Cancer Support grants for rural engagement projects and local fundraising for bereavement and mental health programmes.

Innovative Financing and Social Investment

- Some models explored social investment and outcomes-based funding as alternatives to traditional grants.
    - *IMPACTAgewell*® began investigating these approaches to ensure sustainability beyond initial DoH funding.
- These models de-risk innovation for the public sector and incentivise prevention and early intervention.

What Worked Well

Across all initiatives, common success factors emerged: co-design with communities, strong cross-sector partnerships, holistic and preventative approaches, and robust evaluation frameworks. These elements not only improved health outcomes but also delivered measurable social and financial value. Embedding these principles into Northern Ireland's neighbourhood model of care will be critical for creating sustainable, equitable, and person-centred health systems.

Integrated, Person-Centred Care

- Embedding multidisciplinary teams (GPs, pharmacists, social workers, link workers) improved coordination and reduced duplication.
- Community-based hubs and home visits created a non-threatening, accessible environment for older adults and families.

Strong Cross-Sector Partnerships

- Collaboration between statutory services, voluntary/community sector, and local councils enabled holistic support.
- Co-production with service users and families ensured relevance and trust.

Community Pharmacy as a Key Enabler

- Pharmacists identified medication issues early, preventing escalation.
- Pharmacy-led interventions delivered high Return on Investment (up to £5.81 per £1 invested) and improved adherence.
- Building the Community Pharmacy Partnership (BCPP) strengthened health literacy and reduced health inequalities.

Social Prescribing and Community Development

- Linking clinical care with social supports (befriending, transport, activity groups) reduced isolation and improved wellbeing.
- Funding community assets strengthened local capacity and resilience.
- Person-centred, flexible delivery allowed individuals to set their own pace and choose activities, fostering empowerment and resilience.
- Initiatives like SPRING Social Prescribing improved wellbeing for 87% of participants and reduced GP visits by 47%.

Early Intervention and Prevention

- Frailty and diabetes programmes demonstrated measurable health improvements (e.g., reduced HbA1c, improved mobility).
- Mental health initiatives and bereavement support provided timely, empathetic care.
- Community-led programmes improved physical and mental wellbeing through tailored, group-based approaches.

Innovation and Flexibility

- Hybrid delivery models (virtual + in-person) maintained continuity during COVID-19.
- Creative approaches (music therapy, VR rehab, intergenerational projects) enhanced engagement and outcomes.

Workforce Development and Shared Learning

- Training for pharmacists, social workers, and community health trainers improved confidence and consistency.
- Peer support and volunteer involvement built sustainable networks.
- Trauma-informed training and patient voice initiatives improved empathy and cultural competence among healthcare professionals.
- Shared training across sectors strengthened collaboration and reduced avoidable admissions.

Data Sharing and Evaluation

- Formal data-sharing agreements enabled robust Return on Investment and Social Return on Investment analysis.
- Continuous evaluation informed adaptation and scalability.

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Challenges / Barriers

Across all initiatives, the most persistent barriers were funding insecurity, workforce shortages, siloed systems, and inadequate infrastructure for integration and data sharing. These challenges highlight the need for multi-year investment, governance reform, digital transformation, and cultural change to embed community-led approaches as equal partners in neighbourhood care models.

Funding and Sustainability

- Short-term, project-based funding creates uncertainty and limits long-term planning. Many initiatives rely on time-limited grants (e.g., Lottery, PEACE), which undermines continuity and workforce retention.
- Delays in funding confirmation led to staff loss and reduced continuity (e.g., IMPACTAgewell®, Verve, TinyLife, Better Days).
- Administrative burden from repeated funding applications and complex reporting requirements diverts resources from service delivery.
- Dependency on public sector budgets means that cuts or restructuring in health and social care directly affect community partnerships.
- Lack of statutory funding for social prescribing and community-led models created sustainability risks.
- Limited ability to generate income locally, especially in rural or deprived areas, restricts financial resilience.
- Many initiatives rely on time-limited grants (e.g., Lottery, PEACE, Safefood), creating uncertainty and “cliff-edge” risks when funding ends. This undermines continuity, long-term planning, and staff retention, leading to loss of skilled personnel and service disruption.
- Frequent applications, compliance reporting, and audits consume significant staff time, diverting resources from frontline delivery.
- Organisations often piece together multiple small grants, each with different priorities and reporting requirements, forcing them to adapt models to fit funder agendas rather than community needs.
- In rural or deprived areas, opportunities for charging fees or attracting private sponsorship are minimal, increasing dependency on statutory budgets.

- Frequent changes in government priorities (e.g., from “health improvement” to “social prescribing”) require constant adaptation, adding complexity to sustainability planning.

Workforce and Capacity

- Recruitment and retention difficulties, particularly post-COVID, affect both paid staff and volunteers.
- Difficulty recruiting volunteers and link workers for social prescribing and diabetes projects.
- Skill mix challenges arise when junior staff are used to deliver complex interventions.
- Workforce shortages in specialist roles (e.g., pharmacists, occupational therapists) hinder service expansion and innovation.
- High turnover due to insecure contracts and competition from public/private sectors.

Partnership and Governance

- Complex coordination across multiple agencies (Trusts, councils, VCSE, funders) requires significant time and effort and created accountability gaps.
- Governance pressures on volunteer-led boards create capacity gaps in compliance and audit.
- Policy shifts (e.g., from “health improvement” to “social prescribing”) demand constant adaptation.
- Resistance to change and lack of recognition of VCSE as equal partners in policy design.

Communication and Cultural Barriers

- Terminology differences between professions lead to misunderstandings.
- Siloed working and hierarchical structures slowed integration.
- Role ambiguity and power dynamics can silence voices and cause duplication or gaps in service.
- Cultural and language barriers affect engagement with ethnic minority and newcomer communities.
- Digital exclusion limits access for older people and disadvantaged groups.

Accessibility and Infrastructure

- Geographical isolation and poor transport links in rural areas restrict participation.
- IT and digital system incompatibility between organisations complicates data sharing and governance.
- Limited physical spaces for service delivery and group activities create operational constraints.

Service Delivery Constraints

- Seasonal workload peaks and dispensing pressures affected community pharmacy capacity.
- Loss of home-based interventions (community pharmacy medication reviews, rehabilitation visits) reduced reach for isolated patients.
- Digital exclusion and language barriers impacted engagement with migrant and rural communities.

Service User Challenges

- Complex needs (e.g., chronic illness, mental health, disability, caring responsibilities) require layered, tailored support.
- Stigma and low confidence hinder engagement, particularly in mental health and employment programmes.
- Socioeconomic barriers, including long-term reliance on welfare benefits, create apprehension about change.

Evaluation & Evidence

- Inconsistent data collection and reporting frameworks limited ability to demonstrate impact.
- Time-intensive evaluation processes placed pressure on frontline staff.
- Lack of longitudinal outcome tracking for prevention-focused initiatives.

Lessons Learned

Embed Community and Voluntary Sector as Equal Partners

- Community-led approaches reach people statutory services often miss.
- Co-production builds trust and ensures services reflect local needs.
- Fair funding principles and multi-year investment are essential to avoid short-termism and workforce instability.
- VCSE organisations provide trusted, culturally sensitive, and flexible support.
- Policy must recognise VCSE as core partners, with full-cost recovery and multi-year funding to ensure sustainability.

Prioritise Prevention and Early Intervention

- Home visits by link workers and multidisciplinary teams (MDTs) reduce crises and improve independence.
- Social prescribing and funded community activities tackle isolation, mental health, and wider determinants of health.
- Early years programmes (e.g., Help Kids Talk, TinyLife) demonstrate long-term benefits for families and children.

Build Integrated, Flexible MDTs

- Integration should include GPs, pharmacists, social workers, mental health practitioners, physiotherapists, and link workers.
- MDTs in GP practices improve access, reduce referrals, and deliver person-centred care.
- Regular locality hub meetings foster collaboration and reduce fragmented care.
- Co-location and shared governance frameworks are essential for clarity and accountability.
- Workforce development (e.g., ANPs, First Contact Practitioners) and shared governance underpin sustainability.

Strengthen Data Sharing and Digital Infrastructure

- Formal data-sharing agreements enable robust Return on Investment and outcome measurement.
- Digital tools (e.g., SPOA, shared referral systems) improve efficiency and patient experience.

- Invest in interoperability and digital inclusion to support remote monitoring and virtual care.

Embed Social Prescribing and Community Assets

- Social prescribing reduces isolation, improves wellbeing, and lowers GP and A&E visits.
- Funding models should include activity-based payments for community organisations delivering health and wellbeing interventions.

Address Social Determinants of Health

- Housing, transport, income, and community resilience must be integral to care planning.
- Neighbourhood models must integrate clinical care with social support and local development initiatives.
- Programmes like Verve and Care Zone show that tackling poverty and isolation improves health outcomes.
- Co-locate health and wellbeing services in trusted community spaces for accessibility.

Ensure Sustainable Funding and Governance

- Short-term funding cycles undermine continuity and innovation.
- Commissioning structures should incentivise integrated, neighbourhood-based models.
- Governance frameworks must clarify roles, accountability, and shared objectives across statutory and VCSE partners.

Leverage Local Assets and Innovation

- Community pharmacies as health hubs deliver high Return on Investment and improve medication safety.
- Optometry and oral health pilots show how primary care can reduce hospital demand.
- Technology (e.g., CGM for diabetes, VR for stroke rehab) enhances outcomes and efficiency when embedded locally.

Ensure Flexibility and Scalability

- Models must adapt to local needs, rural challenges, and emerging issues (e.g., cost-of-living crisis, post-pandemic recovery).
- Pilot projects should include clear evaluation frameworks to inform regional rollout.

Promote Equity and Inclusion

- Adapt models for ethnic minorities, rural communities, and marginalised groups.
- Cultural competence and trauma-informed practice are critical for engagement.
- Invest in language support and flexible delivery methods to reduce barriers.
- Service design should be co-produced with communities and people with lived experience, ensuring relevance and trust.