

Co-design of a national evaluation of neighbourhood health

Study protocol

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Version 1.2

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Lay summary

IDEAS-NET is a National Evaluation Team located at Northumbria University and funded by the National Institute of Health and Care Research. We have been tasked with evaluating neighbourhood health, which is a major part of the Ten-Year Health Plan for England published in July 2025. The move to neighbourhood health involves providing more care and treatment locally to patients, and health and social care staff working more closely together.

We will run a series of three workshops to explore what people understand by neighbourhood health, including barriers and enablers for delivering neighbourhood health, and co-produce our evaluation plans. These will run between September and October 2025 with people able to attend in-person or online. We will invite around 30 people to take part in each workshop. They will include people with lived experience of using NHS services (especially people with long-term or more than one health condition), or people who represent these groups. They will also include people who are involved in delivering neighbourhood health and experts in neighbourhood health or integrated care who work in universities or independent research institutes.

The workshops will involve group discussions and exercises to capture people's opinions. The workshops will be audio-recorded and we will write up the recordings so that we can analyse what has been said. The learning from the workshops will be used to help us develop a better understanding of how neighbourhood health is meant to work and develop a protocol for evaluating neighbourhood health.

Abstract

Background: IDEAS-NET is a National Evaluation Team located at Northumbria University and funded by the National Institute of Health and Care Research. The first IDEAS-NET evaluation relates to the Ten-Year Health Plan for England, which calls for a shift towards neighbourhood health. The vision for neighbourhood health as set out in the plan encourages preventive medicine provided digitally and near a patient's home that would promote a patient's independence as well as reduce the burden on primary and secondary care. As a first step, IDEAS-NET plans on engaging stakeholders in co-design workshops. The workshops will explore current understanding of neighbourhood health, potential barriers and enablers for delivering neighbourhood health, and potential designs for an evaluation of neighbourhood health. The outputs of these workshops will drive the development of a Theory of Change (ToC) as well as a full evaluation protocol.

Methods: Purposive sampling will be used to identify around 30 invitees for each workshop from relevant stakeholder groups including people with lived experience of care services, people delivering neighbourhood health, and subject matter experts. Detailed information about the workshops will be sent alongside emailed invitations. No quorum will be set, and consensus will not be measured. The workshops will be held in-person and online. Co-design methods will be used to capture participants reflections on the following three questions over the course of three workshops: 1) what is neighbourhood health and what are the barriers and facilitators to delivery? 2) how will neighbourhood health work and what are the implications for evaluation? 3) what should our evaluation design look like, and what will we know and when? Both online and in-person discussions will be recorded from which anonymised quotations may be used for future deliverables. Patient involvement group participants will be provided adequate assistance with accessibility and technical language.

Analysis: Summaries will be produced between each workshop by the research team that can be used as briefing notes for the delivery of the subsequent workshops and to inform the developing ToC and evaluation protocol. Formal qualitative analysis will not be performed due to the rapid nature of the co-design but may be undertaken later to provide an audit trail for outputs.

Ethics: The risk to participants is low and no sensitive topics will be discussed. Support will be provided to anyone who may find sharing previous experiences of using healthcare services distressing. Patient and public participants will be reimbursed for their participation and provided with support prior to the workshop to ensure accessibility and equal participation. Participation in workshops will remain completely voluntary. All national and institutional ethical regulations will be followed.

Introduction to IDEAS-NET

IDEAS-NET is a National Evaluation Team located at Northumbria University, funded by the National Institute of Health and Care Research (NIHR; NIHR163969). IDEAS-NET will evaluate topics relating to changes in the organisation and delivery of care, as they are identified by NIHR, Department of Health and Social Care (DHSC), and potentially other customers. These evaluations will be co-designed with stakeholders. As well as substantial methodological expertise within IDEAS-NET, we are supported by a National Advisors Group (NAG) and a Patient and Public Involvement and Engagement and Stakeholder (PPIES) group. The NAG provides additional methodological and topic expertise and the PPIES group includes both lived experience of care and care services, and organisations representing people with lived experience relevant to national evaluations.

Background to neighbourhood health

Many attempts have been made to evaluate models of integrated care with mostly positive results relating to patient satisfaction, perceived quality of care and improved access to care (Baxter et al., 2018). However existing programmes of integrated care in the UK are often lacking robust and standardised evaluations of cost effectiveness (Baxter et al., 2018; Thomson & Chatterjee, 2024), and there is limited evidence of associations between integration processes and patient experience (Davidson et al., 2021) including in community settings (Henderson et al., 2021).

The NHS Ten Year Health Plan (TYHP) for England introduces neighbourhood health and lays the groundwork for more community-focused healthcare provision by moving care into local neighbourhoods and bringing health and social care professionals together with patients at the heart of what they do (UK Government, 2025). The TYHP for England builds on NHS England's guidelines which state that neighbourhood health will focus on building healthy, active and independent individuals who have a positive health and social care experience by providing care in people's neighbourhoods and making more use of digital care (NHS England, 2025). The TYHP for England also states that neighbourhood health services will be fundamentally preventative with health and care services provided locally, digitally and at home where possible. If not, care may be provided in local Neighbourhood Health Centres and only in hospital where necessary (UK Government, 2025).

Neighbourhood health as a concept has been examined previously at various levels (Iqbal et al., 2025; Checkland et al., 2024; Long et al., 2025), however there remains uncertainty over the definition of neighbourhood health and its application, and whether the concept is synonymous with other similar terminology. Some NHS Trusts refer to

integrated community care, locality care, neighbourhood care, neighbourhood teams, virtual wards, or similar (Shrewsbury and Telford Health Libraries, 2017). “Neighbourhood health and care” (NHS Confederation, 2024) and “place-based partnerships” (Kings Fund, 2025) are other terms commonly used; however, it is unclear whether these concepts refer to the same thing.

Regardless of the terminology, neighbourhood health represents a complex intervention being implemented at scale in the NHS, and requires a robust approach to evaluation that follows Medical Research Council guidance (Skivington et al., 2021). As part of preliminary stakeholder engagement work to develop a large-scale national evaluation of neighbourhood health in England we will host a series of rapid co-design workshops with the aim of exploring:

- Current understandings of concepts related to neighbourhood health and the barriers and enablers to delivering neighbourhood health.
- How neighbourhood health works and the implications for evaluation including capturing process and outcomes.
- Potential designs for our evaluation and what can be interpreted from the evaluation and to what timeframe.

The aim of this initial part of the research is to develop and refine a Theory of Change (ToC) for neighbourhood health. The use of theory in evaluating interventions is widely recognised as important for understanding complexity (Breuer et al., 2015, Skivington et al., 2021). Following completion of this co-design, a full evaluation protocol will be finalised and all relevant regulatory and ethical approvals for the evaluation will be obtained.

Methods

Study design

The study will utilise qualitative co-design methods via a series of three stakeholder workshops held over September and October 2025 to develop the evaluation for neighbourhood health. Using co-design in this way has been suggested to be of benefit to a variety of stakeholders and ultimately lead to higher quality evaluations (Slattery, Saeri & Bragge, 2020).

Participants, sampling and recruitment

Around 30 stakeholders will be invited to take part in each workshop which will take place in-person and online. Purposive sampling will be used to identify participants from a range of relevant stakeholder groups, including those already involved in organising and delivering neighbourhood health or integrated care initiatives. For example: Integrated Care Boards, Primary Care Networks, place-based partnerships, local government, social care, and voluntary, community and social enterprise organisations (VCSE). Participants will include people who have lived experience – both as service users and carers - or work for organisations representing people with lived experience of using health and care services. We will also sample from experts working in the area of neighbourhood health or integrated care, identified as either academics or researchers from universities or research institutes involved in health services research (for example The King's Fund, The Health Foundation and The Nuffield Trust).

We will create a sampling framework to ensure participants are drawn from areas located in Integrated Care Systems (ICSs) across the seven NHS regions (North East and Yorkshire, North West, East of England, Midlands, London, South East, and South West). Dimensions such as urban/rural population spread and area-level deprivation vary widely across ICSs. To ensure diversity of experiences, we will sample participants from urban and rural areas and from areas with differing levels of deprivation (defined by percentage of LSOAs in the most deprived quintile). The organisation of local government also varies across ICSs. We will sample to include participants representing two-tier areas (with County and District councils) unitary authorities (including metropolitan councils and London boroughs) and areas where there are combined authorities (headed by an elected Mayor). We will also look to expand our PPIE representation by sending invitations via organisers of existing patient involvement groups; for example, from the well-established Cumbria, Northumberland, Tyne and Wear (CNTW) NHS Foundation Trust and the North-East and North Cumbria Applied Research Collaboration (NENC ARC) PPIE groups.

Once potential participants are identified, we will send them workshop invitations via email. Invitations will include detailed information about the purpose of the workshops, what taking part will involve, and what will happen after the workshops have taken place (for example, how participant data will be stored and used).

Participants representing PPIES whether recruited via our PPIES group or other routes such as CNTW or the ARC will be offered payment for taking part in the workshops. Payment rates will conform to the recommended NIHR rates (NIHR, 2024) and in line with the IDEAS-NET PPIES policy. No payment will be offered to other groups of participants. Costs associated with travel will be reimbursed for all participants who attend workshops in-person.

The same participants will be invited to all the workshops to reduce duplication of discussion, but it is recognised that availability and other reasons may prohibit participation in all. Where someone is unable to participate in one or more workshops, we will offer one-to-one interviews if they can be scheduled close to the respective workshop(s). Where this is not possible then participants will be asked to suggest a replacement who may then be invited to take their place. No quorum will be set due to the rapid nature of the co-design and we will not aim to generate or measure consensus.

Data collection

Workshops, each lasting two hours, have been designed to meet the objectives of the study as per the workshop structure provided in Table 1 and will follow a topic guide consisting of various discussion points.

Workshop number and title	Intended workshop output
1. What is neighbourhood health and what are the barriers and facilitators to delivery?	1. Understanding of definitions of neighbourhood health 2. Initial Theory of Change
2. How will neighbourhood health work and what are the implications for evaluation?	1. Updated initial Theory of Change 2. Understanding the principles and key components for evaluating neighbourhood health to inform an initial protocol
3. What should our evaluation design look like, and what will we know and when?	1. Feedback on the initial draft evaluation protocol 2. Creation of dissemination and impact activities plan

Table 1: Titles and intended outputs of workshops

All three workshops will take place in-person and online, with at least four members of the research team attending each workshop to help facilitate discussion. During the workshops, participants will be asked to participate in activities as outlined below (see

workshop design). This will include the use of digital and online data collection tools such as Miro, Mentimeter, and FigJam to encourage anonymous participation and facilitate data recording. Where these tools are used, instructions for the exercises and be sent in advance of each workshop. For participants who have no prior experience of these tools or may have access requirements, we will offer a session before the workshop for them to familiarise themselves with it. Where Miro is used, we will set up the Miro board in advance of the workshop. Participants will have access to the Miro whiteboard both during and up to two days after each workshop to allow for additional asynchronous data collection outside the workshops. In addition, workshop discussions will be audio recorded both in-person and online. Recordings will not be transcribed verbatim, but direct quotations may be obtained from the recordings.

To support participation, PPIES participants will be asked before each workshop whether they have any accessibility requirements. They will also be offered pre-meetings to: explain what will happen in the workshops, familiarise themselves with the tools we will use during workshops (as above), explain any technical language, acronyms and jargon that may be used, and to answer any questions. A glossary of terms will be developed and updated as the project progresses so that they can refer to them at any time. We will also offer to meet after each workshop to discuss any issues or concerns they may have following a workshop.

To address potential power differentials from participant's backgrounds and roles we will ask people not to wear any names badges or lanyards, and to introduce themselves without giving their titles or roles.

Following each workshop, a summary of the discussion from each workshop will be produced as a briefing note to be used at the beginning of each subsequent workshop.

Workshop design

Workshop 1. In this workshop we will explore participant's experiences and perceptions of neighbourhood health. We will focus on current understandings of neighbourhood health and the barriers and enablers to the delivery of neighbourhood health. The workshop will be structured as follows:

1. Icebreaker and introduction of the topic and the task.
2. Participants will be organised into small breakout groups around the core topic areas of neighbourhood health. Each group will have a facilitator.
3. Each group will discuss their experiences of neighbourhood health in relation to each of the core areas in pairs or larger groups.

4. Participants will then individually note the aspects of neighbourhood health that they think are important on post-it notes (one per post-it note), using any number of post-it notes.
5. Each group will review and discuss the notes and attempt the theme these before providing feedback and reflections to the wider group. The facilitator for each group will feed back followed by a full group discussion on the themes, questions and next steps.

We will use the data from Workshop 1 to help us develop our initial ToC for neighbourhood health drawing also on a pre-existing initial ToC developed by DHSC and NHSE.

Workshop 2. In this workshop we will develop the initial ToC (from workshop 1) working with participants to generate examples of key aspects of the ToC from their perspectives and their perceptions of what the implications (and priorities) are for evaluation. The workshop will be structured as follows:

1. Icebreaker and introduction to the task (including summary from the previous workshop) with a walk through the initial ToC.
2. Participants will be organised into small breakout groups or tables.
3. For the in-person groups, each table will have a facilitator and different series of questions focussing on a specific aspect of the ToC, that will be outlined on paper tablecloths. The groups will move from table to table discussing each set of questions and providing responses (individually or as a group) in writing using post-it notes or directly on the tablecloth. Each group will add to the tablecloth as they move round the tables.
4. For online participants, we will replicate this activity in breakout groups using different MIRO boards.
5. The facilitator for each breakout group or table will feed back followed by a full group discussion, questions and next steps.

We will use the data from Workshop 2 to update our initial ToC, alongside the principles and key components for evaluating neighbourhood health to inform an initial protocol

Workshop 3. In this workshop we will share the updated ToC and our initial evaluation plans, and ask participants to reflect on what aspects of evaluation are most important to them, what they need to know, what this will look like, and by when. The workshop will be structured as follows:

1. Icebreaker and introduction to the task (including summary from the previous workshop) with a walk through the updated ToC and initial evaluation plans.
2. Participants will be organised into small breakout groups.
3. Using methods similar to the previous two workshops, we will gather participants responses on both the update ToC and the implications and priorities for

evaluation, as well as their perspectives on what impact should look like and what it is important to know and by when.

4. The facilitators will feed back followed by a full group discussion, questions and next steps. Group discussion about the themes that have been identified.

Following workshop 3, final drafts of documents will be prepared by the research team and circulated via email to all participants for final comment.

While the workshop topic guides will be developed iteratively the focus of the topics will remain the same and no sensitive topics will be introduced. Member checking of the ToC and protocol will be conducted on an ongoing basis during the workshops.

Data Analysis

Workshop discussions will be audio-recorded. Recordings and notes will be used to produce summaries by the research team between each workshop and used iteratively to inform discussion during further workshops. Formal methods of qualitative data analysis will not be used here due to the rapid nature of the co-design where production and analysis of transcripts will not be possible (Vindrola-Padros & Johnson, 2020). Learning from the workshop data will be used to develop and refine the evaluation ToC, including through the application of a ToC checklist (Breuer et al., 2015) to improve rigour in the process, and to develop an initial evaluation protocol. Following the development of the evaluation ToC and protocol, a more formal qualitative thematic analysis may be conducted to provide an audit trail to be used in outputs. Quotes from workshop discussions may also be used in journal articles, commentaries or other evaluation outputs. All quotes will be fully anonymised.

Ethics

The risks to participants from taking part in the workshops will be relatively low. No sensitive topics will be introduced and, at the start of each workshop, we will remind participants that they do not need to share any personal information. We will also remind participants that any personal information shared in the workshops by themselves or by other participants should be kept confidential and not shared outside of the workshops, but that we cannot guarantee that others do not share anything.

There is a risk that participants may find discussing their previous experiences of using healthcare services distressing. We will minimise the risk of distress by providing participants with an information sheet that explains what will be discussed in the workshops and that a member of our research team will provide them with support.

The information sheet will also stress to participants that taking part in the workshops is entirely voluntary, that they can leave a workshop or cease their involvement in future workshops at any time and without giving a reason. The information sheet will also reassure participants that their decision to take part (or not) in the workshops will not affect their access to healthcare at any time.

We will comply with all legal and ethical obligations including Data Protection Act 2018 and General Data Protection Regulation (GDPR). Ethical approval for the workshop activity will be sought via Northumbria University's Ethics Online System. Health Research Authority (HRA) approval will not be required based on the HRA decision tool (v2.0, section C1).

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