No.	Working Title	Theme	Type	Setting	Location	Target Population	Description
1	3D Study	Culture Change / Workforce	Research	Academic / professional body	Bristol	Adults	The 3D Study was a University of Bristol research project published in 2018 which aimed to improve how GP practices manage and care for patients with multiple conditions through a person-centred approach and involving MDT. Randomised control trial involving over 1500 patients. 3Ds are Dimensions of health (Quality of Life and patient priorities), Depression, Drugs.
3	All Together Better	Integrated whole system approach	Practical	NHS	Sunderland	All	"All Together Better" is the name for the integrated system in Sunderland chosen in2015 to be one of the NHSE Vanguard sites. The programme involves development of an integrated system approach with particular workstreams around community integrated teams, recovery at home, enhanced primary care and self management.
4	Black Country Steps to Work	Coordinated care (MDTs) & personalised care support and planning	Practical	VCSE	Midlands - Sandwell, Dudley	aged >25 yrs, unemployed, complex needs	Bridges is a programme by charity Steps to Work involving close collaborative partnership (29+ agencies) working across the Midlands which offers personalised care and support to help people progress towards work, training or education. Services are aimed at those people with complex health needs (including mental and physical health) and uses a personalised approach to woring with those people to identify and address individual needs.
5	Bromley Well	Social prescribing & reducing non-medical risks	Practical	Cross-sector	Bromley London	Adults	Bromley Well is a third sector enterprise joint initiative with Bromley CCG, Borough Council and local VCSE. It offers a range of services to people with long term conditions including self-mgt workshops, 1-2-1 lifestyle advice and peer support. The programme started 2017.
6	Building a healthy future: long term conditions	Culture Change / Workforce	Practical	VCSE	Manchester	>55yrs	Building a healthy future - long term conditions is a programme based service run by Mind Manchester which aims to help people with long term conditions to manage their condition through building resilience, handling emotions, dealing with difficultes and stress.
7	Care Navigation Brighton and Hove	Social prescribing & reducing non-medical risks	Practical	Cross-sector	Brighton & Hove	Adults	Community Care Navigation was a 2015 social prescribing pilot in Brighton & Hove involving a partnership approach with primary care and community third sector providers. A evalution done by Impetus demonstrated postive results for patient wellbeing & health indicators and economic metrics.
8	Co-creating Health	Culture Change / Workforce	Co-production	Academic / professional body	London	Adults Diabetes T2	Co-creating Health was a Health Foundation supported programme started in 2008 which aimed to improve patients health and wellbeing through a co-creation approach where patients and clinicians were equal partners in managing long term conditions. Project focussed on patients with Type 2 Diabetes in Guys and St Thomas/Whittington areas and involved self-management and jointly agreed care goals. Evaluation published 2013 looked at impact of co-creating health on service use, costs and patient experience. It showed a statistically significant improvement in diabetes indicators.
9	Complex care at home Gloucestershire	Coordinated care (MDTs) & personalised care support and planning	Practical	NHS	Gloucestershire	Adults	The Gloucestershire Complex Care at Home project is an NHS Better Care Funded project aimed at improving health and wellbeing for service users with complex multiple conditions needs through a social approach, personalised care and closer MDT coordination. Uses population health management tools (Sollis) and a social approach via care navigators. Workforce redesign has been key including skills development and cultural change away from primarily a medical model of care. Aimed at next level of usage frequency (30% population)

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10	Cornwall Self Management Model	Culture Change / Workforce	Co-production	Cross-sector	Cornwall	Adults	Cornwall Public Health has developed a model for improving the ability of patients and carers with some long term conditions (CHD, COPD, Diabetes,Cancer) to be able to self-manage their conditions. The model was developed through a co-design methodology in 2017-18 and involved partnership working with NHS, LA, VCS and patent bodies. Their model & approach described is due to be implemented through the county Primary Care Networks.
11	Dementia and cancer	Culture Change / Workforce	Research	VCSE	UK	Dementia + cancer	This is a Alzheimer Socety funded research project looking at the impact on dementia patients (and their carers) who also have a diagnosis of cancer. It aims to improve the understanding of experience, challenges and needs of this group and includes elements around use on online community Talking Point for peer support plus access to healthcare specialists to improve their understanding and gain support.
12	Dementia and Diabetes	Enabling lever - digital tools	Research	VCSE	UK	Adults	This is a Alzheimers Society funded research project looking at management of blood glucose levels in patients with Dementia who also have Diabetes. The study aims to increase understanding of hypoglycaemia in that cohort and links to associated risk of falls, stroke etc. It will include use of a telehealth sensor monitor which monitors blood glucose levels.
13	Dementia and MM prescribing practice	Polypharmacy	Research	VCSE	UK	Dementia with other LTC	This is an Alzheimers Society funded research project looking at prescribing behaviour for patients with dementia who also have another LTC. It will look at prescribing practice and consistency (single or multiple healthcare professionals) and relation to appropriate polypharmacy.
14	Developing peer support for long-term conditions	Culture Change / Workforce	Tool	Academic / professional body	Scotland	Adults	Pilot led by the Mental Health Foundation and published in 2012 which looked at developing peer support training for commisioners and those delivering peer support for patients with LTC. Two plot sites in Scotland.
15	Elemental	Enabling lever - digital tools	Tool	Private sector	UK	All	Elemental is a social prescribing digital platform. It is the currently on the NHSE contracting platform and is being marketed as a valuable tool to help local CCGs/ICSs co-ordinate their social prescriibing services and systems. It has interfaces for commissioners/providers and service users. Areas who are using the system include Tameside and Glossop CCG/West Lancs.
16	End of Life Care Integrator	Coordinated care (MDTs) & personalised care support and planning	Practical	NHS	UK	EoL care	The End of Life Care Integrator is a social finance investment project that supports the development & delivery of more effective EoL care in the community
17	Evercare	Coordinated care (MDTs) & personalised care support and planning	Practical	NHS	England	Frail elderly	Evercare was a 2003-5 pilot using Community Matrons to case manage elderly frail patients who were identified in practice populations as having very high frequency (& cost) of emergency care services. Community Matrons managed case load of these patients and identified and co-ordinated their care needs. Medical model aimed at top 5% users of healthcare.

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18	Extensivist Care Model, Fylde	Coordinated care (MDTs) & personalised care support and planning	Practical	NHS	Fylde Coast	adults >60yrs old	The Extensivist Care Model is a NHSE Vanguard pilot in Fylde Coast which started in 2015 and covers Lancashire and Bolton. The aim was to develop new models of care that improved health and wellbeing for elderly patients in rural deprived areas who had poor life expectancy and experienced significant social isolation.
19	Foundry	Coordinated care (MDTs) & personalised care support and planning	Practical	Intl	Canada	12-24yrs age	Foundry is an established health and wellbeing programme offering a range of information, advice and guidance resources, services and support for children & young people. Services are provided via online and face to face via seven "Foundry Centres" - one stop shops offering care provison (physical and mental health), information, advice & guidance relevent to age group needs.
20	Frail elderly support Leicester	Coordinated care (MDTs) & personalised care support and planning	Practical	NHS	Leicester	Frail elderly	Leicestershire CCG set up this NHS Better Care Fund project aimed at supporting frail elderly to improve health and wellbeing through personalised care. Project utilises patient health needs profiling, risk stratification, care navigators, MDT and integrated system approach.
21	Furness Wellness Days	Community Resilience / deprivation	Practical	Community	Barrow in Furness	Open to all, but high prevalence of multimorbidity in population	The purpose of the Furness Wellness Days is to give the people of Barrowin Furness the opportunity to identify, participate and lead, in various activities which promote health and wellbeing. Part of Better Care together vanguard in the area. Just one example of an interestingn community initiative.
22	GENIE-Net.ORG	Enabling lever - digital tools	Tool	Academic / professional body	Southampton	All	GENIE-net.org is an online tool aimed at supporting people with long term conditions to manage their condition. It was developed in partnership with Unversity of Southampton, CLARC Wessex, Health Foundation and MyLIfeaFullLife. It connects people to resources surrounding them in their communities allowing them to take part in activities and utilise support to maintain and manage their health & wellbeing.
23	GOAL PLAN	Culture Change / Workforce	Research	Academic / professional body	Norwich	Adults	GOAL PLAN was a NIHR funded research project in Norwich published in 2018 which aimed to help GPs to jointly identify goals with patients through a structured approach. An online training programme was developed.
24	Guan Yersel -- self-mgt strategy	Culture Change / Workforce	Tool	Cross-sector	Scotland	All	Guan Yersel is the Self-management strategy developed (in 2008) by the Health & Social Care Alliance Scotland - a membership network with 2700 members across voluntary sector, NHS, authorities. The self-management programme is one of their key programmes of work and has over 500 members raising awareness of the importance for self-mgt and co-production as a vital element in care.
25	HOPE, Helping People Overcome Problems Effectively	Culture Change / Workforce	Practical	Cross-sector	Torbay & Devon CCG	Adults	HOPE is a self-management peer support programme developed and run in Torbay and is based on an University of Coventry evidence-based programme. It is delivered by volunteers and offers peer emotional and practical support, education and access to physical activity.

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26	Integrated Breathe Easy, British Lung Foundation	Social prescribing & reducing non-medical risks	Practical	VCSE	England	Adults	Integrated Breathe Easy is a British Lung Foundation programme that uses a peer support approach via groups to help patients with chronic lung conditions. Aspects of the programme include provision of emotional support, exercise, information, advice and guidance and works closely with local health care professionals.
27	LD Health improvement	Safety and health improvement	Practical	NHS	South West England	Adults with learning difficulty	This is a joint project with NHSE SW Learning Disabilities team and West England ASHN started in spring 2019 which is aimed at primary and secondary prevention for people with learning difficulties and reducing the risk of sepsis in this cohort. Elements include improving uptake of Flu jab, awareness of sepsis through education of non-health staff and awareness of early warning signs and reporting systems.
28	Millom Alliance	Community Resilience / deprivation	Practical	Community	Cumbria	All	The Millom Alliance was a community-led alliance in Cumbria started in 2015 by the community in response to acute healthcare & workforce challenges. It has developed as a partnership with the local healthcare leaders and demonstrated impact in increased understanding of healthcare needs and a reduction in healthcare usage. This is a example of where a community has worked closely with healthcare leaders to the joint benefit of the population. NHS NW Leadership Academy has supported the Alliance development and evolution.
29	Montefiore Health System	Integrated whole system approach	Practical	Intl	New York	All	The Montefiore Health System is an Integrated health and social care system in NY which has been established for a number of years and has been heavily evaluated. .
30	Moving On	Coordinated care (MDTs) & personalised care support and planning	Practical	VCSE	NE - Tyne and Wear	unemployed, physical and mental ill health	"Moving on" is a programme run by Mental Health Concern helping people in Tyne and Wear who have physical and mental ill health to become closer to work
31	NHS staff awareness Queens Nursing Network	Culture Change / Workforce	Tool	NHS	England	All	Queens Nurse Institute Network supported the NHSE education programme in 2018 that was aimed at raising awareness to NHS staff of personalised care for people with long term conditions.
32	RCGP MM Survey 2018 - case studies	Coordinated care (MDTs) & personalised care support and planning	Research	Academic / professional body	UK	All	RCGP survey. Main themes of respondents were: current time and workload limiting ability of GPs to invest in adapting to changing needs of pts with MM, and continuity importance rated highly. Wide variation in emerging models of MM care in primary care: 2 basic categories -1. Large scale MDT involving support from CCGs. 2. Smaller in-house approach that targets specific elements of MM care. Egs of both given in report
33	Rotherham SP Service	Social prescribing & reducing non-medical risks	Practical	VCSE	Rotherham	Aged 18 and over	The Rotherham Social Prescribing Service aims to support adults aged 18 years and over who have long term conditions including mental health issues to improve their health and wellbeing by helping them to access community services and activities. This is a partnership approach involving health and voluntary sectors and aims to help support patients identified as high users of healthcare services (ED attendances, unplanned admissions).

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34	Safer Prescribing and frailty Yorkshire and Humber	Polypharmacy	Practical	NHS	Yorkshire & Humber AHSN	Frail elderly	The Safer Prescribing and Frailty project was a quality improvement initiative led by Yorkshire and Humber AHSN in 2018 aimed at improving effectiveness and efficiency of prescribing practice for frail patients with polypharmacy. It involves GP practices and pharmacists working closely together to identify and manage polypharmacy needs.
35	SAIL, Safe & Independent Living. Age UK	Social prescribing & reducing non-medical risks	Practical	VCSE	Lewisham & Southwark	Older age adults >50yrs	SAIL (Safe & Independent Living) is an Age UK run social prescribing service for older people in Lewisham & Southwark. It started 2013 with an impact report published in 2018. The model includes care navigator roles who make assessments, provide support and refer into other services as required. The programme is wide-ranging and includes elements of: security & fire/health & wellbeing/living conditions/income and money.
36	SHERPA	Culture Change / Workforce	Research	Academic / professional body	University of Exeter	Adults	SHERPA (Shared Evidence Routine for a Patient centred plan of Action) was a University of Exeter research project published in 2019 which aimed to provide a practical consultation framework for trainee GPs to improve their management of people with multiple conditions via a more personalised approach jointly developed with the patient.
37	SIM, Serenity Integrated Mentoring and High Intensity Network	Coordinated care (MDTs) & personalised care support and planning	Practical	NHS + other services	UK	Adults	SIM is an established programme that uses a partnership approach between public sectors areas (NHS, ambulance, police, Home Office) to help support and mentor people with complex mental ill health & behavioural problems who are high intensity users of healthcare crisis services.
38	Sollis	Enabling lever - digital tools	Tool	Private sector	UK	All	Sollis is a population profiling tool which aims to aid understanding of population needs, risk stratification & healthcare costs (economic & quality) in order to focus health system priorities & evaluate impact. Example given was work done with Slough CCG to underdstand and profile their CCG population.
39	Symphony Somerset	Integrated whole system approach	Practical	NHS	South Somerset	All	Symphony is a NHSE Vanguard ICS programme in South Somerset aimed at integrating health (including acute), social and voluntary sectors in the area to improve care integration and delivery. Commenced 2015 and due to report findings in summer 2019. Approach has utilised population health management tools to understand population needs (including multiple conditions) and focus strategic plans.
40	Tele-health - HealthLines Service evaluation	Enabling lever - digital tools	Research	Academic / professional body	UK	Depression/risk CHD Adults	Research study which aimed to develop a tele-health intervention in long term conditions via a randomised controlled trail in patients with depression or raised risk of cardiovascular risk. Published 2017. Led by Professor Chris Salisbury. The research found that two linked tele-health trials found small benefits with increased costs and raised questions about the most appropriate methods for future development and evaluation of tele-health.
41	Total Wellbeing Luton	Social prescribing & reducing non-medical risks	Practical	Cross-sector	Luton	Adults	Total Wellbeing Luton is an exercise programme developed by CCG/Active Luton and is aimed at improving levels and confidence in physical activity and health & wellbeing in patients with long term conditions. Active Luton is a charity jointly commissioned by the local public sector to deliver activity programmes.

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42	Versus Arthritis MAP project	Coordinated care (MDTs) & personalised care support and planning	Research	VCSE	UK	Adults	Versus Arthritis funded research project aimed at understanding experience of healthcare and symptoms in patients with arthritis who also have multiple conditions (Multimorbidity in arthritis and pain started November 2018)
43	Versus Arthritis RA and MH project	Coordinated care (MDTs) & personalised care support and planning	Research	VCSE	UK	Adults	Versus Arthritis funded research project aimed at understanding experience of healthcare and symptoms in pts with arthritis who also have MM - Interdependency of physical symptoms and Rheumatoid Arthritis with mental health (due Mar 2020).
44	Ways to Wellness service	Social prescribing & reducing non-medical risks	Practical	Cross-sector	Newcastle	40-74yrs	Ways to Wellness is social prescribing service in west Newcastle for people whose daily lives are affected by certain long term conditions (COPD/Asthma/Epilepsy/Heart Disease/Diabetes/Osteoporosis and who may also suffering from anxiety and/or depression. Service includes support via social groups, access to specialist services, healthy eating advice and support, access to physical activity services and also advice re benefits and welfare rights support.
45	Wellbeing Erewash	Integrated whole system approach	Practical	NHS	Erewash Derbyshire	All	Wellbeing Erewash is a multispeciality community provider vanguard which brings together local health and social care services as a single team. Integrated person-centred community care.
46	Year of Care Gateshead	Coordinated care (MDTs) & personalised care support and planning	Practical	NHS	NE - Gateshead & Newcastle	Elderly	The Gateshead Year of Care was a 2014 NHSE Vanguard funded programme which also subsequently incorporated a BHF-partnership funded project, "House of Care". Primary care focussed programme which included elements around standardisation of approach and person-centred multiple long-term conditions clinics. The approach centres around closer partnership working with patients to identify individual needs and with local VCS organisations .