

Trailblazer

Expression of interest (EOI)



**Applicant
pack**

Contents

About the Trailblazer programme	3
About the EOI process	13
Appendix A: Evaluation criteria	19
Appendix B: EOI application questions	22
Appendix C: Social investment FAQs	24
Appendix D: Case studies of social investment in neighbourhood health	28

About the Trailblazer programme

The Trailblazer programme aims to support areas across England to design, test and prepare investable neighbourhood health models that strengthen prevention, improve outcomes and build long-term sustainability through new forms of partnership and investment.

Aims of the programme

The programme will select up to six sites for a programme of support to rapidly develop a business case for a service that is ready to receive social investment. This investment will support local systems to redesign community health and care services around people's wider needs, combining health, community and voluntary sector support to help people stay well for longer in their communities.

The Trailblazer programme cannot guarantee investment – any decision to invest will be the sole decision of the funder – but the programme will support sites to create as compelling a business case as possible to attract investment.

Selected sites will have the opportunity to become part of the first wave of areas testing a new approach to neighbourhood health, using social investment to help create more joined-up, proactive care and support closer to people's homes. It represents a significant opportunity for places to shape the future of neighbourhood-level delivery and demonstrate what a scalable, investable model of integrated care can look like.

By March 2027, the programme aims to:

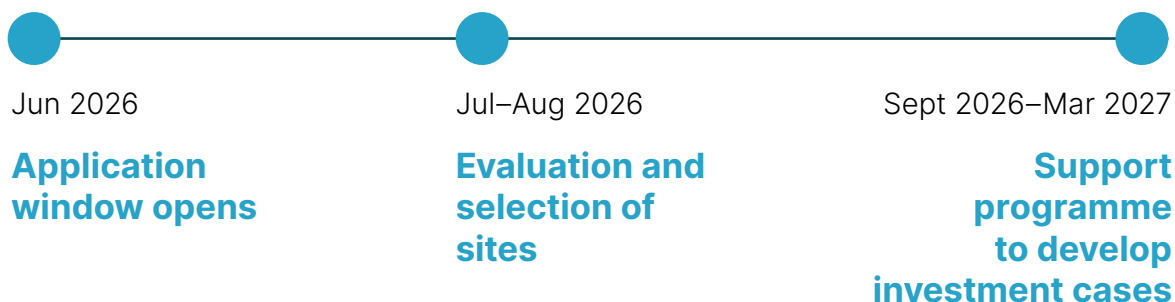
- Support selected sites to produce investment-ready neighbourhood health services.
- Strengthen collaboration across the NHS, voluntary and community sector, local and central government, and socially minded investors.
- Embed Pride in Place by recognising and investing in the strengths, identity, and leadership of local communities.

About the Trailblazer programme

- Produce playbooks and replicable frameworks for wider national rollout.
- Support the system-wide 'left shift' towards prevention.

The Trailblazer programme is commissioned by the Office for the Impact Economy and the Department of Health and Social Care, and led by West Hertfordshire Teaching Hospitals NHS Trust. Social Finance and Macmillan Cancer Support are delivery partners for the programme, with specialist input from the Strategy Unit.

Programme timeline



What does the Trailblazer programme offer to sites?

The Trailblazer programme will prepare selected sites to be ready for social investment, by supporting them to develop a service proposition into a comprehensive business case to be approved by the proposed outcomes payer and social investor.

Social Finance and Macmillan Cancer Support will provide expert financial and technical support to help local health and care systems build the skills, confidence and culture needed to attract and use finance and impact investment to improve community-based care. This support will include:

- A dedicated Development Manager assigned to each site offering tailored guidance and mentorship to help develop their business case.
- Group upskilling workshops for leaders and practitioners across sites, aligned to the key stages of designing and approving an investment.
- Lunch and learns from predecessor sites utilising social investment to achieve neighbourhood health outcomes.
- Peer-to-peer forums for sites to connect, collaborate and share knowledge – across the cohort of Trailblazer sites and beyond.

These sessions will be supplemented by an accompanying resource hub with guidance, templates, and best practice examples for sites to work through.

What is social investment?

Social investment is the use of **repayable funding** that enables an organisation to deliver high-quality services, drive positive impact and reduce inequities by providing upfront funding that supports innovation and de-risks redesigning services. Social investment emphasises rigorous outcome measurement, flexibility, innovation, and accountability for impact.

What type of social investment is the Trailblazer programme supporting?

The Trailblazer programme is designed to explore how neighbourhood health models could be supported by a specific form of social investment known as a **Social Outcomes Partnership (SOP)**. In a SOP, an investor funds one or more interventions and is repaid by the statutory sector (sometimes but not always with a modest return) only if the intervention achieves pre-agreed outcomes.

A SOP typically has three parties:

- **An outcomes payer:** usually a commissioner like an NHS ICB or other organisation with system-facing budgetary responsibility, who identifies a set of outcomes they want to achieve for a given population and agrees to pay a pre-agreed fee when they are achieved.
- **A service delivery organisation:** which is contracted by the outcomes payer to deliver an intervention designed to achieve the agreed outcomes.
- **A social investor (or multiple investors):** provides upfront funding to the service delivery organisation to fund their operations before they achieve the agreed outcomes. They are repaid only if the pre-agreed outcomes are achieved, so they may or may not receive all their investment back. They may or may not intend to achieve a modest return and are usually a philanthropic or socially motivated organisation.

In the health and social care system, Social Outcomes Partnerships are typically used to fund early intervention and community-based initiatives, to address the root causes of poor population health, demonstrate the cost effectiveness of preventative care, and create value that can be retained by the wider system.

Further detail on social investment and Social Outcomes Partnerships can be found in [Appendix C](#); case studies of social investment within neighbourhood health can be found in [Appendix D](#).

About the Trailblazer programme

West Hertfordshire Teaching Hospitals NHS Trust – which, with Macmillan Cancer Support and Social Finance, launched a pioneering collaboration last year leveraging around £10 million of social investment to help redesign care – will act as a ‘mentor’ to the Trailblazer sites, offering support and practical advice.

Resource available to sites

Sites are expected to contribute internal resourcing to develop business cases, including analytical, financial, clinical and operational support.

In addition, there will be up to £100,000 available to each site to add specialist resource to enable investable propositions to be developed at pace, where a capacity or capability need is identified. This may include:

- Senior Programme Management support.
- Analytical and BI support.
- Financial modelling and business case development.
- Clinical or operational expertise.

Details on the process for drawing down budget will be shared with selected sites. Consideration will be given to site-level needs identified during the application and interview process.

What does a development journey look like for sites?

From September onwards, we will work side by side with selected sites as a collaborative partner to shape and strengthen the proposed service, helping to develop it into a robust, deliverable and investable model that has transformative potential for neighbourhood health.

The development process will be adapted to the selected cohort of sites and their local contexts, but will follow this direction of travel:

- **Shaping the service and defining impact**
 - Ensuring the service has the potential to transform the local system’s approach to neighbourhood health.
 - Clarifying what success looks like and defining meaningful, measurable outcomes.

About the Trailblazer programme

- Defining a core outcome metric, which will be used to trigger repayments from commissioners back to investors.
- Strengthening the value proposition and aligning with system priorities.
- Incorporating learning and stakeholder feedback through co-design with VCFSEs, and people with lived experience of health needs and poor health outcomes.
- Ensuring equity considerations are fully understood and addressed.
- **Building a compelling business case**
 - Developing a robust financial model, including service costs, activity forecasts and assumptions.
 - Supporting cost-benefit analysis and social investment structuring, ensuring the model is financially viable and outcomes-linked.
 - Designing an outcomes framework, including how data will be collected, analysed and reported.
 - Aligning with the investment criteria of a specific investor.
- **Navigating governance and approval structures**
 - Guidance for preparing key documentation for governance, including clinical and commercial discussions.
 - Supporting submissions to key governance groups (e.g. operational and decision-making boards) and investors' governance processes.
 - Helping sites respond to feedback and refine proposals where needed.
 - Checking all required documentation is complete, including delegated duties and assurance requirements.

We will work with sites through regular internal checkpoints to quality assure and support readiness, helping strengthen the business case ahead of formal approvals.

Support will be iterative: participating sites will have opportunities to review, refine and improve their proposal with regular input from our team and system partners. Our aim is to make this process as smooth and transparent as possible, so sites understand what is needed at each stage and feel supported throughout.

What is expected of participating sites?

During the programme

Participating sites are expected to provide:

- **A proposed service** that can be modelled, tested and refined to ensure it is suitable and ready for social investment.
- **Dedicated and consistent internal resourcing** to develop a service model for investment, across business intelligence, financial, clinical and operational functions.
- **Required commitment, buy-in and participation from senior leaders** across the local health and care system, including ICBs, local authorities, provider collaboratives, PCNs, and the VCFSE sector.
- **Involvement of people with lived experience of poor health outcomes and VCFSEs** in the development of the service.

By the end of the programme

By March 2027, participating sites will be supported to produce a comprehensive business case setting out a proposition ready for social investment.

This business case will then need to be approved by both the organisation planning to be the outcomes payer, and the proposed investor – both parties should be involved in the development of the business case from the early stages.

This business case should include:

- **Clear strategic rationale:** Defined and evidenced local need with a root cause analysis, strategically aligned to local neighbourhood health priorities, and a strong case for change.
- **Equity Impact Assessment:** Data on local demographics and major health inequalities, with an action plan detailing how the intervention will address these.
- **Service delivery model:** A clear operating model for the intended service including a target cohort, delivery partners and staff required, links to existing services, and high-level service user journey.
- **Cost-benefit analysis:** A CBA quantifying costs and outcomes and demonstrating value for money, approved by site-level NHS leadership.

Regarding the Trailblazer initiative

- **Outcomes and evaluation framework:** An outcome (or set of outcomes), with a defined financial value which, if achieved, the commissioner is happy to repay investors; an agreed method for measuring and demonstrating impact.
- **Financial model:** Detailed service budget for the whole investment period, and modelled repayments linked to expected outcomes.
- **VCFSE roadmap:** An analysis of the local VCFSE sector, outline of their role in developing the proposed service, and a roadmap for the development of a future programme to integrate VCFSEs and people with lived experience into the design of services, including providing capability and capacity support to enable this role.
- **Mobilisation roadmap:** A clear set of steps and timeline required to take forward the business case to mobilisation and live running.

What types of services will the programme support?

Sites interested in joining the Trailblazer programme are asked to submit a proposed service which, if selected, they will be supported to make 'investment ready'.

These service propositions will be refined throughout the Trailblazer programme; applicants are not expected to provide a detailed and polished service model, only a promising idea that aligns with the evaluation criteria (see [Appendix A](#)).

The Trailblazer programme will consider services that are:

- **System-level**, with potential to improve health outcomes **at scale** and drive long-term investment – ICB buy-in at executive level is required to underpin this system-wide ambition.
- Aligned to **local neighbourhood health priorities**.
- Providing **joined-up, personalised care** as part of a coordinated care plan, with integration across the health and social care system.
- Able to achieve **measurable outcomes** for service users, wider communities and the local health and care system.
- Able to **release or reallocate money** within the health and care system to fund repayments to investors.
- Targeted at reducing **inequalities** of access, experience and outcomes of care.
- Able to be **co-designed with communities** and VCFSE partners.

About the Trailblazer programme

The programme will not support services that are:

- Of an **insufficient scope and scale**, failing to demonstrate system-wide transformation.
- Improvement programmes **without clear outcomes** for service users.

Working with investors

Participating sites will benefit from structured early engagement with potential social investors, helping them to shape business cases that are both credible and investment ready. This support will include:

- Early onboarding of potential identified investors to build shared understanding and alignment.
- Insight into investor requirements, expectations, and due diligence processes.
- Guidance to shape models that are attractive to the social investor(s) and capable of securing future funding.
- Opportunities to test emerging investment propositions with the market and gather feedback.

We will support sites to align their business cases to the requirements of a specific investor, to ensure an easy progression to receiving investment following the end of the programme.

Any decision to invest is ultimately the investor's sole decision – the Trailblazer programme does not guarantee investment and will only support sites to create as compelling a business case as possible for investors to use in their decision-making.

Macmillan Cancer Support

As part of its wider commitment to invest £250 million in neighbourhood health across the UK over the next three to five years, Macmillan intends to be the first to invest in several of the Trailblazer sites at the end of the nine-month programme. Macmillan is open to co-funding or match-funding with other investors and would welcome an early conversation with prospective investors to explore this possibility.

Sites that intend to apply to receive investment from Macmillan must demonstrate alignment with the following investment criteria. Strong proposals will:

- Focus on people living with cancer alongside other long-term conditions.
- Show clear system partnership and delivery at scale.

About the Trailblazer programme

- Embed equity, co-design, and community insight.
- Include data, evaluation and continuous learning from the outset.

Eligibility and Scale – proposals must:

- Operate at system scale (typically £3–10m).
- Be led by organisations able to hold and repay an outcomes-based investment, with confirmation of ICB executive sponsorship and system backing from the Chief Financial Officer (or equivalent) of the organisation that will be responsible for repaying investors for outcomes achieved.
- Include VCFSE partners as part of a wider delivery model.

Core Criteria – proposals must meet all five of the following:

- 1. Integrated, Person-Centred Care:** Deliver joined-up care for people with cancer and other long-term conditions through coordinated, whole-person approaches.
- 2. Reducing Inequalities:** Improve access and outcomes for underserved groups, targeting those with the poorest health outcomes.
- 3. Community Partnership:** Demonstrate co-design and collaboration with people affected by cancer and VCFSE organisations throughout.
- 4. Sustainable Transformation:** Test and scale community-based models, shifting care from hospital settings and building robust evidence of impact.
- 5. Outcomes and Impact:** Deliver clear, measurable outcomes, with defined KPIs, evaluation, and learning to inform wider system change.

Out of Scope:

- Costs already incurred prior to the award, or organisational reserves.
- Standalone programmes of palliative care, screening, or carer support.
- Wider causes of poor health such as housing or unemployment.
- Hospital-only care.
- Cancer prevention.
- Services for under-18s.
- Capital builds.
- Specialist psychological therapies.

Other investors

The Trailblazer programme is not exclusive to sites seeking investment from Macmillan – there may be opportunities for other investors to fund services, including match or co-funding.

However, we strongly encourage participating sites to shape their business case around the requirements of a specific, named investor, which can commit to investing in services within the Trailblazer programme's rapid timeframe, i.e. for co-development from September 2026 and sign off by March 2027.

In the application form, applicants are asked to describe their current expectation and understanding of a future investor – whether this is Macmillan, another investor with which a site holds an existing relationship, or no investor in mind at this stage. This question is for information only and will not be scored.

About the EOI process

The Expression of Interest (EOI) is the first stage of the application process for the Trailblazer programme.

The EOI is designed to identify a small number of promising, system-level service proposals that have the potential to improve health outcomes, reduce inequalities, and develop into investable services. At this stage, we are seeking high-level, evidence-based proposals, rather than fully developed business cases, as the Trailblazer programme will support sites towards becoming investment-ready.

Applications will be assessed against a combination of eligibility criteria (pass/fail) and scoring criteria, including evidence of need, clarity of the intervention, potential for measurable impact, and readiness to develop an investable proposition. Please see Appendix A for the full list of criteria.

After submission, we will progress shortlisted proposals to an interview phase. The interviews will be assessed on the same criteria as the EOI while offering an opportunity to explore sites' propositions and readiness in greater detail.

We expect to finalise site selection in August and kick-off the programme in September.

Who can apply?

Applications can be submitted by one organisation or a partnership of multiple organisations. If a partnership is applying, a lead applicant should be named.

This lead applicant should be an organisation with the capacity to receive and manage social investment at the required scale. This capacity involves having the budgetary responsibility to agree to repay investors for outcomes achieved in the planned timeframe.

CFO and ICB Executive application sponsorship

Each application must include support from a named **Chief Financial Officer or equivalent** from the lead applicant organisation.

The CFO is responsible for:

- Confirming that the organisation can receive and manage investment at scale, and can enter into a funding agreement and sign off on a budget whereby investment is to be repaid, possibly in full, if agreed outcomes are achieved.
- During the Trailblazer programme, reviewing and supporting financial modelling, assumptions and funding requests.
- Providing assurance on financial feasibility and risk.

Each application must also include an additional named **Executive Sponsor** from the local ICB. The Executive Sponsor should be a senior leader (e.g. Director or equivalent) from within the ICB who:

- Provides system-level strategic oversight and leadership for the proposal.
- Confirms that the proposal aligns with local neighbourhood health priorities and strategies.
- Will champion the programme across partner organisations and proactively unblock issues across stakeholders.

Applicants should note that:

- CFO and ICB Executive sponsorship is a **mandatory requirement** for the EOI stage.
- Both leads will be required to **participate in the interview stage** of the EOI process if the proposal is shortlisted.

Broader system buy-in

Alongside Executive Sponsor and CFO buy-in, strong applications will **demonstrate wider system engagement and support across the key functions** that will be required during the Trailblazer programme for the development of the business case. This includes:

- **Clinical leadership** to ensure that the development of the intervention is clinically appropriate and aligned with service user needs.
- **Operational delivery teams** to support the design of services that are feasible to implement in practice and can be embedded within existing delivery models.

About the EOI process

- **Strategy and transformation teams** to align the proposal with wider system priorities, planning cycles, and ongoing transformation programmes.
- **Data and analytical teams** to support the iterative process of defining and pricing outcomes, and designing practical methodologies for monitoring and validation.
- **Finance teams beyond CFO level** to support detailed cost modelling, affordability assessments, and the development of a sustainable financial model.
- **Voluntary, community, faith and social enterprise (VCFSE) partners** to ensure that the proposed intervention is designed with and for communities, bolstering system-wide effective community engagement.

This broader buy-in is important to demonstrate that the proposal is realistic, deliverable, and embedded within the local system.

Application support

Webinars and drop-in sessions

A series of webinars and drop-in sessions will be offered to support applicants throughout the EOI application window. Webinars will include an overview of the programme and EOI requirements, guidance on completing the application, and will offer opportunities to ask questions. All three webinars will cover the same information, and we will record the first session for those who cannot attend.

Drop-in sessions will be more unstructured and will offer opportunities to directly ask questions. You can register for sessions using the links below:

Trailblazer Webinar #1

Thursday 2 July 2026
9.00 am – 10.00am

[Register here](#)

Trailblazer Webinar #2

Friday 3 July 2026
11.00am – 12.00pm

[Register here](#)

Trailblazer Webinar #3

Monday 6 July 2026
4.00pm – 5.00pm

[Register here](#)

About the EOI process

Trailblazer Drop-In Session #1

Wednesday 8 July 2026
10.00am – 11.00am

[Register here](#)

Trailblazer Drop-In Session #2

Tuesday 14 July 2026
1.00pm – 2.00pm

[Register here](#)

Trailblazer Drop-In Session #3

Thursday 16 July 2026
10.00am – 11.00am

[Register here](#)

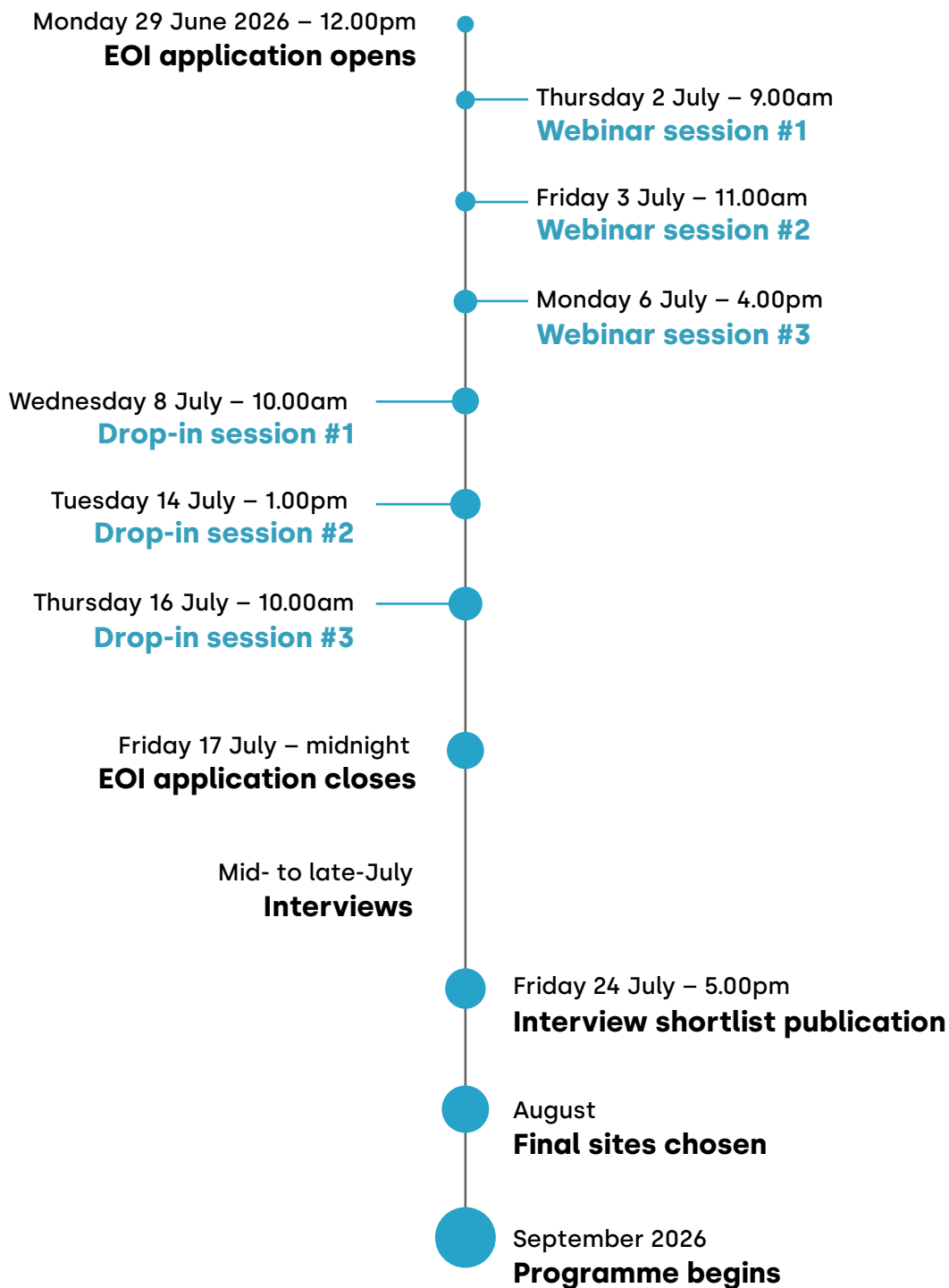
How to submit questions

The best way to ask questions is to attend one of our webinars or drop-in sessions detailed above.

Further questions can be submitted via email at trailblazer@socialfinance.org.uk by **5.00pm on Friday 3 July**.

We will then circulate answers by **5.00pm on Friday 10 July** to all prospective applicants who have either registered interest or begun an application.

Application and evaluation process and timeline



How to apply

Applicants should complete the online EOI form linked to from the Trailblazer landing page: <https://www.socialfinance.org.uk/impact/trailblazer>

The form's questions are outlined in [Appendix B](#).

When completing the form, please note:

- This is an outline proposal, not a full business case.
- Responses should be clear, concise and evidence-based.
- Where information is not yet fully developed, indicative answers are acceptable, provided these are clearly identified.
- Full evaluation criteria can be found in [Appendix A](#).

Incomplete applications, applications that do not meet the eligibility criteria, or applications submitted after the deadline of **midnight on Friday 17 July** will not be progressed.

Applicants will receive a confirmation email upon submission of their EOI and can expect to hear back about whether they have been shortlisted by **Friday 24 July at 5pm**.

Appendix A

Evaluation Criteria

ELIGIBILITY CRITERIA (PASS / FAIL)	<p>A1: <u>Minimum scope</u></p> <p>Proposed services are system-level, with potential to improve health outcomes at scale and drive long-term place-based improvement.</p>
	<p>A2: <u>NNHIP alignment</u></p> <p>Footprints need to include a NNHIP Wave 1 area or commit to sharing learning with NNHIP on how to use social investment to support the spread and scale of neighbourhood health.</p>
	<p>A3: <u>Organisation type</u></p> <p>The lead applicant must be an organisation that can manage the minimum investment level required and is willing to repay investors for outcomes achieved. In practice, this means the funding is primarily suitable for:</p> <ul style="list-style-type: none"> • ICBs • NHS provider organisations or collaboratives (e.g., hospital trusts, community trusts) • Large social enterprises or Community Interest Companies (CICs) • Local Authorities • Other substantial delivery partners
	<p>A4: <u>ICB support</u></p> <p>Applicants must demonstrate executive-level leadership from their local Integrated Care Board, and provide their name and contact details.</p>
	<p>A5: <u>Chief Financial Officer support</u></p> <p>Applicants must confirm they have the support of the Chief Financial Officer (or equivalent) of the organisation that will be responsible for repaying investors for outcomes achieved, and provide their name and contact details.</p>
	<p>A6: <u>Ethical restrictions</u></p> <p>No co-applicants are political parties, linked to crime, gambling, harmful industries, or those acting against aims of equitable care.</p>
	<p>A7: <u>Completed application</u></p> <p>The application has been completed in full and no questions have been left blank or unfinished.</p>

Appendix A: Evaluation criteria

SERVICE PROPOSITION	<p>B1: Robust evidence of local need</p> <p>Proposals demonstrate that they have collected robust evidence on local health and care needs, and have proposed a service that addresses priority needs.</p> <p>Proposals demonstrate alignment with their local system’s existing neighbourhood health priorities.</p>
	<p>B2: Provides joined-up, personalised care</p> <p>Proposals will offer joined-up, whole-person care as part of a coordinated care plan.</p> <p>Proposals demonstrate mature, collaborative relationships across their local system, including social care, mental health provision, primary care, community care, acute care, and local voluntary, community, faith and social enterprise (VCFSE) organisations.</p>
	<p>B3: Potential for measurable impact on service users, communities and system</p> <p>Proposals specify defined, measurable outcomes for service users, wider communities, and the local health and care system.</p> <p>Proposals demonstrate potential to release or reallocate money within the health and care system to fund repayments to investors.</p>
	<p>B4: Potential for reduction in health inequalities and more inclusive care</p> <p>Proposals demonstrate how they will reduce inequalities of access to and experience and outcomes of care, especially for people experiencing poorer health outcomes, including people living in the most deprived areas, people from ethnically diverse communities, disabled people and people from the LGBTQIA+ community.</p>
	<p>B5: Meaningful co-design with communities and VCFSE partners</p> <p>Proposals show how they will involve people with lived experience of health needs and poor health outcomes in design, delivery, and evaluation.</p> <p>Proposals show how they will involve VCFSE organisations in design, delivery and evaluation.</p> <p>Proposals demonstrate strong alignment to the principles of Pride in Place, valuing local identity, strengths and assets, and showing a commitment to devolving decision-making to local people and communities. Proposals strengthen community belonging, trust, and confidence.</p>

SYSTEM CAPACITY AND CAPABILITY	<p>C1: Ability to report meaningful <u>outcomes data</u></p> <p>Sites demonstrate sufficient methodologies, data sources and systems to robustly measure outcomes, and attribute them to their specific service.</p> <p>Sites demonstrate sufficient analytical capacity within their local system to support service user identification, service monitoring, and outcomes reporting.</p>
	<p>C2: Demonstrable <u>commitment</u> to using social investment to fund neighbourhood transformation</p> <p>Sites can demonstrate executive-level support across clinical, analytical, operational and finance functions.</p> <p>Sites demonstrate a clear and active ambition to shift towards preventative, community-based models of health and wellbeing, in line with local neighbourhood health priorities.</p> <p>Sites demonstrate a willingness to explore Social Outcomes Partnership models to fund neighbourhood-level initiatives.</p>
	<p>C3: <u>Capacity to engage with intensive support offer</u></p> <p>Sites name a dedicated senior programme manager who will lead engagement with the support offer, convene local stakeholders and partners, and drive the development of the service proposition and business case.</p> <p>Sites confirm they will ensure availability of other key stakeholders across clinical, analytical, operational and finance functions to participate in the Trailblazer programme.</p>

Appendix B

EOI application questions

Applicant details

Question

Lead applicant details

The lead applicant must be from an organisation that can manage the minimum investment level required and has the budgetary responsibility to repay investors for outcomes achieved.

- Name
- Email address
- Phone number
- Organisation
- Organisation type (ICB, Trust, Social Enterprise / CIC, Local Authority, Other [Please specify])

Co-applicant organisation details

Please list all partner organisations involved in this proposal, including their intended role in delivery.

- Organisation name
- Organisation's role in proposed service

NNHIP alignment

- Please confirm which of the following best describes your alignment with the NNHIP programme:
 - At least one of our co-applicants operates within an NNHIP Wave 1 area *[Please specify the area below]*
 - We operate outside of NNHIP Wave 1 areas but will commit to sharing learning with NNHIP on how to use social investment to support the spread and scale of neighbourhood health

Chief Financial Officer Sponsor

Please provide the name and contact details of the Chief Financial Officer (or equivalent) of the lead applicant organisation who will sponsor the application.

- Name
- Email address
- Please confirm that the CFO (or equivalent) has reviewed and supports this application.
- Please confirm that the CFO (or equivalent) is aware that, in the case of this application progressing, they will be required to attend the interview stage of the EOI process.

ICB Executive Sponsor

Please provide the name and contact details of an additional executive level leader from your local Integrated Care Board who will sponsor the application.

- Name
- Email address
- Please confirm that this executive level leader has reviewed and sponsors this application.
- Please confirm that this executive leader is aware that, in the case of this application progressing, they will be required to attend the interview stage of the EOI process.

Ethical restrictions

Please confirm that none of the organisations in your partnership are: political parties; linked to criminal activity; involved in gambling or harmful industries; acting against the aims of equitable care.

Appendix B: EOI application questions

Questions

The following questions will have a 500 word limit.

No.	Question
1	What priority need or gap is your proposed service designed to meet? Please provide supporting evidence of this need and the rationale for prioritising this.
2	Please describe the service you are proposing for social investment, highlighting: <ul style="list-style-type: none"> • How the service will provide joined-up, whole person care • The services and organisations involved in delivery • The geographical footprint of the service • Whether this builds on or seeks to scale an existing neighbourhood health service
3	How does your service align with your system's neighbourhood health priorities ?
4	Who is the target cohort , and how many people do you expect to reach? How will you identify and onboard this cohort in practice?
5	Please describe how the services and organisations involved in your proposed service currently work together as a joined-up neighbourhood offer. This could include collaborating on delivering services, planning, strategy, funding, or governance.
6	Please describe how people with lived experience of care and VCFSE organisations have played and would play an active role in the design, delivery, and evaluation of your service.
7	How will the service reduce inequalities in access, experience, or outcomes for populations experiencing poorer health outcomes?
8	Please outline the anticipated impact of this service for service users and the wider system, listing key outcomes and associated measures for each. You may want to refer to existing health and social care outcomes agreed in the NHS outcomes framework or equivalent local plans.
9	What do you anticipate to be the likely annual pay (salary) and non-pay costs of the service?
10	How will the service release or reallocate money to fund repayments to investors?
11	How will you measure outcomes , and attribute them to this specific service? Please detail data sources and systems you will use where known.
12	What analytical capacity can you provide to support identification, service monitoring, and outcomes reporting?
13	Please detail the senior programme management capacity you can provide to drive the development of the investment case.
14	Non-scoring, information only We will work with successful sites to build investment cases aligned to the requirements of a specific investor. The programme's first investor is Macmillan, but there may be opportunities for other investors to fund services, including match or co-funding. Which of the following options best describes your current expectation and understanding of a future investor? <ol style="list-style-type: none"> Macmillan [Please specify below how your service meets Macmillan's investment requirements] Another investor we have an existing relationship with [Please specify below] No investor in mind at this stage Other [Please specify below]

Appendix C

Social investment FAQs

What is social investment?

Social investment is the use of repayable funding that enables an organisation to deliver high-quality services, drive positive impact and reduce inequities by providing upfront funding that supports innovation and can reduce risks involved in redesigning services. Unlike a conventional loan repayment, repayment of social investment is usually linked to achievement of agreed outcomes and/or evidenced system value.

There are different ways health and social care (HSC) delivery organisations (both NHS and voluntary, community, faith and social enterprise (VCFSE) organisations) can use social investment to test and scale health interventions. Social investment emphasises rigorous outcome measurement, flexibility, innovation, and accountability for impact.

What is a Social Outcomes Partnership (SOP)?

A form of social investment, increasingly used in HSC and across government. A SOP is a contract between partners – usually a commissioner, an investor and a delivery partner – committed to improving outcomes for a specific cohort. The partnership is designed to share financial risk in a way that enables innovation, learning about a new service, or transitioning to a preventative model.

An investor (or investors) provides working capital to fund one or more interventions and is repaid by an outcome payer – usually a statutory sector commissioner – if pre-agreed outcomes are achieved. The investor's capital is only repayable by the outcomes payer if pre-agreed outcomes are delivered (e.g. if 50% of outcomes is achieved, 50% is repaid).

In the context of the Trailblazer programme, SOPs enable health and care systems to work together to address national and local neighbourhood health priorities and implement large-scale system transformation, particularly through community-based and proactive services by creating the conditions for risk sharing, learning and innovation.

Each contract is tailored to the project or service, reflecting the local system, stakeholders, and the nature of the intervention, and is negotiated with partners accordingly.

What are the general benefits of social investment through SOPs?

Social investment can provide funding for your organisation or for a specific service development, and brings wider benefits including:

- **Diversifying funding sources:** Having diversity within your funding strategy builds financial resilience. Grants and government contracts are often short-term and uncertain. Social investment can offer multi-year arrangements and supports consideration of sustainability from the outset.
- **Sharing risk across the system:** In many models the investor(s) takes on the financial risk associated with the investment in exchange for significant social impact.
- **Encouraging flexible service delivery:** Outcomes-based models use real-time data collection and analysis to enable flexibility, innovation and maximise outcomes delivered for communities.
- **Driving measurement & accountability:** Social investment brings clarity of purpose and commercial discipline. It emphasises robust cost-benefit analysis and measuring and reporting on outcomes, promoting transparency, accountability and continuous improvement.
- **Fostering collaboration:** Social Outcomes Partnerships require effective collaboration across diverse stakeholders, helping to create sustainable impact and shared learning.

What are the benefits of social investment within HSC specifically?

In addition to the above points, using social investment for neighbourhood health offers five main benefits:

- **Value beyond cost savings:** By providing pump-priming money, social investment allows the NHS to try new or innovative projects at lower financial risk. Additional value from successful projects can often be retained by the system, with cost benefits clearly defined.
- **A focus on preventative care:** The HSC system's primary focus is often acute care. Social investment supports early intervention and community-based initiatives, helping address the root causes of poor population health and demonstrate the cost effectiveness of preventative care.
- **A focus on health inequalities:** Rigour around data collection and performance management presents an opportunity to better understand and address health inequalities in terms of access, experience and outcomes.

- **Leveraging more resource by recycling:** A model of outcomes-based funding, including ‘repayable grants’, allows outcome payments to be recycled into further service delivery.

What do organisations taking on social investment need to consider?

When thinking about taking on social investment, delivery organisations should be aware of the following considerations:

- **Impact measurement and reporting:** Demonstrating and verifying social impact can (and should) be complex and resource intensive, as quantifying genuine social impact requires nuance and sensitivity. This can be mitigated through a proportionate impact-monitoring framework that draws on existing learning and allows for adaptation over time.
- **Skills and capacity:** Organisations may need additional capacity to manage administration, financial management, governance, data monitoring and performance. This may require training or support from investors or intermediaries and should be planned and budgeted from the outset.
- **Organisational buy-in:** Securing support from colleagues, trustees and wider stakeholders can take time. Building trust in the benefits and how risks will be managed requires clear communication and committed leadership.
- **Balancing social impact and financial returns:** There is sometimes a trade-off between social impact and financial returns. This can be mitigated by ensuring outcomes measures are meaningful, including both qualitative and quantitative KPIs, patient measures, and embedding governance and reporting that focus on social as well as financial impact.

What experience does the delivery partnership have in this area?

The Trailblazer programme builds on over 11 years of successful partnership between Macmillan and Social Finance in delivering evidence-based approaches to improve health outcomes. Our combined expertise in social outcomes investment, system transformation, analytics and evaluation allows us to support the development of investable neighbourhood health models.

Our collaboration integrates:

- **Social Finance’s** leadership in Social Outcomes Partnerships and impact investment, which includes extensive experience designing investable models in health and care. Social Finance pioneered the first Social Outcomes Partnership

Appendix C: Social investment FAQs

and has a strong track record of engaging investors, mobilising investment, and onboarding to deliver successful outcomes partnerships. We have expertise in measurement, data, structuring outcomes-based payment mechanisms, and supporting systems to shift towards sustainable, prevention-focused models, including the proof-of-concept Care & Wellbeing Fund.

- **Macmillan Cancer Support's** extensive experience in making social investments and system transformation for over a decade, including deployment of £36m through the Macmillan End of Life Care outcomes fund and c. £40m in Neighbourhood Transformation Funds. As a national charity, Macmillan brings the experience of people with cancer and communities directly into system design and investment strategies, embedding equity, diversity, and inclusion as core principles. This is complemented by a network of over 11,000 healthcare professionals and over 230 community partners, enabling practical implementation and scaling of community-led, prevention-focused models.

Alongside the core delivery team, The **Strategy Unit** will provide specialist expertise around analytics, modelling, and evaluation, building on its extensive track record of research and support for major NHS programmes, including support to the National Neighbourhood Health Implementation Programme (NNHIP) and a programme of developmental support to the ICB strategic commissioning programme.

Appendix D

Case studies of social investment in neighbourhood health

Dorset

Dorset launched its Integrated Neighbourhood Teams (INTs) programme in August 2025 as part of NHS England's National Neighbourhood Health Implementation Programme. This system-wide transformation aims to bring together health, social care, and community partners to better support local populations, particularly those at risk of deteriorating health and rising care needs, while improving overall population health outcomes.

The programme serves a whole population cohort, with a focus on proactively identifying and supporting individuals at risk of unplanned care, poor health outcomes, or increasing dependency, through coordinated, neighbourhood-based multidisciplinary teams.

Macmillan's social investment supports the mobilisation and delivery of 18 INTs across Dorset. This includes funding a dedicated Implementation Team to accelerate rollout and enable teams to deliver integrated, multidisciplinary services tailored to local need. In parallel, funding is used to support innovative, community-based interventions, identified through co-production with people with lived experience and the voluntary and community sector. These interventions are developed and tested through an open call process, using a test-and-learn approach to address gaps in provision.

The repayable outcome metric underpinning the investment is based on the delivery of system-wide, cashable cost reductions. While the INT model is expected to drive early improvements – such as reduced demand for unplanned care, elective activity, and prescribing – repayment is only triggered once these improvements translate into contractually releasable savings, enabling a reduction in provider contract values. This phased approach recognises that initial activity reductions are not immediately cashable but, over time, generate sufficient scale of impact to allow costs to be removed from the system. Repayment is therefore linked to demonstrable, bankable savings, with reductions in demand in one year informing lower contract baselines in subsequent years, aligning financial returns with sustained system transformation and resource reallocation.

West Hertfordshire

Macmillan has provided a social investment loan to the West Hertfordshire Neighbourhood Integrator Community Interest Company (WHNI CIC), established in partnership with Social Finance. The CIC's purpose is to improve health and wellbeing across West Hertfordshire by enabling more proactive, integrated models of care, with Macmillan supporting both investment and delivery expertise.

The programme focuses on a defined cohort of older people (65+) living with moderate to severe frailty and at least one long-term condition, including cancer, heart failure, stroke, or chronic kidney disease. This group experiences high levels of urgent care use, including emergency admissions and falls, highlighting the need for earlier, preventative intervention.

Macmillan's social investment enables WHNI CIC to deliver a Proactive Anticipatory Care (PAC) service, in partnership with West Hertfordshire Teaching Hospitals NHS Trust. Launched in October 2025, the service shifts care from a reactive to a proactive model, providing anticipatory, person-centred support to stabilise health, reduce avoidable deterioration, and improve independence. The model is being implemented in phases, starting with a pilot in Dacorum and scaling across West Hertfordshire. It supports the system's ambition to significantly reduce unplanned admissions among frail populations.

The repayable outcome metric is based on a robust, causal evaluation of impact on system costs, using matched comparators and Difference-in-Differences analysis to isolate the effect of the intervention. It primarily measures changes in Global Acute Patient Spend, comparing outcomes for patients receiving the service against a similar non-intervention group. Verified reductions in healthcare spend over the post-enrolment period are used to evidence savings, underpinning a gain-share mechanism that links repayment directly to demonstrable improvements in utilisation and financial outcomes.

As a proof-of-concept, the programme will also generate learning to support wider system adoption, strengthening integrated working and population health management while easing pressure on acute services.

Lincolnshire

Macmillan has provided a social investment loan to the Lincolnshire Social Outcomes Partnership (LSOP) CIC, established in partnership with Social Finance. The CIC's purpose is to improve health and wellbeing across Lincolnshire by developing and delivering innovative, outcomes-focused services that address complex needs and reduce pressure on the health system.

The programme focuses on a defined cohort of High Intensity Users (HIUs) of urgent and emergency care: individuals who frequently attend A&E or urgent treatment centres, often driven by a combination of complex physical health conditions, mental health challenges, and wider social factors such as unstable housing, substance misuse, and social isolation.

Macmillan's social investment enables LSOP CIC to deliver a targeted HIU support service, commissioned by Lincolnshire ICB. This includes funding specialist HIU Leads embedded within each Primary Care Network, working in partnership with local agencies and voluntary, community, faith, and social enterprise organisations. The service provides coordinated, person-centred interventions, addressing both clinical and non-clinical drivers of high service use, with tailored support plans designed to stabilise individuals and reduce reliance on urgent and emergency care.

The repayable outcome metric is based on reductions in high-cost healthcare utilisation at an individual level, specifically A&E/UTC attendances and unplanned admissions, compared to each person's historical baseline. Measurement begins once an individual is actively engaged in the service and continues beyond discharge, using population health management data to track outcomes over time. Activity is compared against the individual's prior 12-month usage, with outcomes assessed at regular intervals and reset if the individual re-enters the service. Repayment is directly linked to demonstrable reductions in activity, with fixed payments made per attendance or admission avoided, ensuring financial returns are tied to measurable decreases in demand on urgent and emergency care services.

In addition to the HIU service, further initiatives are planned from mid-2026 to expand impact, with a continued focus on reducing unplanned admissions, improving wellbeing, and strengthening integrated, preventative models of care across Lincolnshire.