Interreg CENTRAL EUROPE

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SOSPHERE

# D.1.2.1

## Best practices from the local small areas for improving access to services of general interest

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# 1. Introduction and Statistics

## 1.1. Concept and framework

| | |
|---|---|
| Title | Improving access to health and social services in lagging areas |
| Type | Online Workshop |
| Date | 5 May 2026 |
| Duration | 2 hours 12 minutes |
| Host | Central European Initiative |

Table 1 Summary Information

The SOSPHERE project (Solutions for Optimal Service Provision and Health Equity in Remote Environments) aims to identify innovative approaches and best practices to improve the accessibility and coordination of health and social services. The project focuses on peripheral and low-density areas in Italy, Slovenia, and Croatia that are affected by geographic isolation, demographic decline, or fragmented institutional structures.

The project promotes an integrated and user-oriented approach to service provision by strengthening the visibility, coordination, and interaction among existing actors and resources, thereby fostering a more inclusive and responsive experience for citizens. With a strong emphasis on long-term sustainability and the transferability of results, the project is developing common guidelines and strategic recommendations aimed at facilitating access to reliable information, increasing trust and awareness among citizens, and strengthening (digital) health literacy[1]— ultimately ensuring a better alignment between existing services and the actual needs of local communities.

In response to the widening inequalities in access to healthcare services across Europe, the SOSPHERE transnational workshop was organized as a collaborative space to discuss innovative, community-oriented, and sustainable solutions to the growing challenges faced by remote and underserved territories. The event was hosted online by the CEI on May 5, 2026. Conceived to promote mutual learning and collective reflection, it brought together public authorities, practitioners, researchers, and civil society representatives to highlight innovative best practices addressing increasingly critical barriers to territorial equality across Europe.

The workshop aimed to identify best practices while reflecting on the enabling conditions, adaptable features, and opportunities for transferability. It examined experiences related to integrated governance, community engagement, cross-sectoral cooperation, and locally embedded service ecosystems. A particular emphasis was placed on initiatives that can reduce fragmentation and simplify access for citizens through more user-oriented support models. The event served as an initial step in co-designing “one-stop-shop” solutions within the SOSPHERE project. Overall, the workshop highlighted promising pathways for health and social care service delivery—reinforcing the understanding that provision depends not only on institutional capacity but also on collaboration, trust-building, and responsiveness to community needs.

[1] Here defined as the ability to access, understand, evaluate and use information and services, both online and offline, to make informed decisions about health.

## 1.2. Participation

The webinar counted 31 participants representing a diverse geographic and institutional background, spanning 7 countries— Austria, Croatia, Italy, Kazakhstan, Portugal, Slovenia, and the United Kingdom. To provide additional details, 11 cities were identified: Trieste, Treviso, Gorizia, Tolmezzo, Pula, Labin, Beltinci, Ajdovščina, Bragança, Frome, and Almaty. This distribution underscores the webinar's international reach and its ability to attract engagement across different territorial contexts[2].

| | |
|---|---|
| Registered participants | 25 |
| Actual participation | 31 |
| Attended and registered | 16 |
| Registered but did not attend | 9 |
| Attended but not registered | 15 |
| Countries | Austria, Croatia, Italy, Kazakhstan, Portugal, Slovenia, United Kingdom |
| Cities | Ajdovščina, Almaty, Beltinci, Bragança, Frome, Gorizia, Labin, Pula, Tolmezzo, Treviso, Trieste |

Table 2 Participation

The composition of participants shows a balanced mix of governance, service delivery, and community-based actors, remarking on the webinar's relevance to both policy and practice. The heterogeneity of organizations also highlights the topic's significance at different functional levels, from strategic decision-making to operational implementation. Local public authorities represented the largest share of registered participants, followed by health and social services associations and regional public authorities. Smaller shares comprise interest groups and NGOs, social workers or individual professional roles.

| Type of Organisation | Share |
|---|---|
| Local public authority | 25% |
| Health or social services association | 16% |
| Regional public authority | 15% |
| Public care provider | 8% |
| International organisation | 8% |
| Interest groups / NGOs | 8% |
| Hospitals and medical centres | 4% |
| Social worker | 4% |
| Unspecified / mixed classification | 12% |

Table 3 Type of Participating Organizations

[2] The information may not be exhaustive, as it is based on self-reported data from registration forms and attendee profiles.

# 2. Overview of presentations

| Name | Role/Organization | Title | Topics |
|---|---|---|---|
| Ana Sinkovic | Project Manager, Focal Point for Health Strategies and Emergencies response/CEI | *SOSPHERE - Improving access to health and social services in lagging areas* | Access to health and social services in lagging areas; integrated care ecosystems |
| Veronica Rigonat | Head of Organizational Unit / Central Directorate for Health, Social Policies and Disability, FVG Region | *"Si fa rete" Autonomous Region Friuli Venezia Giulia, Giulian Karst Area & Carnia Territorial Area* | Community-based care networks; integrated social and health services in remote areas; co-design and community activation |
| Valentina Benedetti | Vice President / ACLI FVG | | |
| Ezio Benedetti | Coordinator and planning officer for EU projects / EGTC GO | *The evolution of cross-border cooperation in the health sector - from SALUTE/ZDRAVSTVO to SANITAS* | Cross-border healthcare cooperation; integrated emergency preparedness and healthcare governance; institutional coordination and service accessibility in border regions |
| Tanja Dimitrijević | European project Coordinator / Municipality of Ajdovščina | | |
| Jenny Hartnoll | Consultant in Social Prescribing, Health Coaching, community development / independent | *Whole Community Approach to Social Prescribing and Community Connectedness* | Whole community approach to social prescribing; community connectedness and preventive care; support networks and primary health care integration |
| Irena Peruško | Head of Unit for Social Welfare and Health / City of Pula | *From analysis to implementation: establishment of the Support Centre 521 Pula* | Integrated social support through one-stop-shop services; community-based welfare coordination; digital platforms and outreach |
| Gian Matteo Apuzzo | Technical Officer on PHC Models and Systems /WHO European Center for PHC | *IMPULSO project - Integration and improvement of population-based care through the management of LHUsand their organizational structure* | Local Health Units governance; integrated care models; health system strengthening; population-based care management |
| Cristina Nunes | Consultant in Intensive Care Medicine / Unidade Local de Saúde do Nordeste, Portugal | *Local Governance in Health: How can Local Health Units mobilize local action to improve population health?* | Integrated care implementation; community-based health literacy and coordination |

Table 4 Speakers and Topics

## 2.1. The SOSPHERE Project

Lagging and peripheral areas across Central Europe often face structural difficulties limiting access to health and social services, directly affecting the quality of life of local populations. Low population density, geographic remoteness, demographic decline, and fragmented governance structures create substantial barriers— particularly for vulnerable groups such as older people, individuals with reduced mobility, and citizens with limited digital literacy.

The SOSPHERE project focuses on addressing these challenges in its pilot territories of Treviso (Italy), the Municipality of Beltinci (Slovenia), and the City of Labin (Croatia). Selected environments share common issues related to accessibility, demographic trends, and territorial inequalities. The project specifically targets remote and low-density areas where access to health and social services is often insufficient or difficult to navigate.

Since the project onset, depopulation was identified as one of the most pressing issues, as it frequently leads to the service closure, labour shortages, aging communities, and reduced institutional capacity. Geographic isolation and poor transport connections further restrict citizens' ability to access healthcare and social support. In addition, fragmented governance systems and insufficient coordination among institutions often create inefficiencies and misperceptions for care beneficiaries.

A central component of SOSPHERE methodology is the comprehensive mapping of existing practices, services, and local experiences within the pilot territories. This mapping process aims to identify current service provision, analyse citizens' needs, and detect gaps or mismatches between available services and actual demands. The project emphasizes the importance of evidence-based planning and the development of interventions that respond directly to the real needs of communities.

Rather than creating entirely new services, the project aims to develop an integrated ecosystem that strengthens coordination among existing providers. As part of this strategy, it plans to introduce "one-stop shop" solutions, functioning as guidance and information hubs. To provide clear and trustworthy information, they are expected to simplify administrative and digital procedures— helping users better understand what is available to them.

A complementary intervention framework addresses digital health literacy and public trust, as beneficiaries often have difficulty accessing reliable information or using more complex digital tools required to navigate service delivery. The project aims to strengthen awareness, improve citizens' ability to access and understand information, while supporting the development of (digital) competencies, especially among more vulnerable target groups.

The initiative requires strong inter-sectorial cooperation to promote more integrated service provision. Public authorities, healthcare providers, social services, local communities, and civil society organizations all play a crucial role in building more accessible and coordinated support systems. Accounting for the shared structural challenges affecting Central Europe's lagging territories; the project also promotes transnational cooperation to identify common patterns and transferable approaches.

Ultimately, SOSPHERE seeks not only to address immediate service accessibility challenges but also to contribute to broader objectives of territorial cohesion and social inclusion. By improving coordination among services, strengthening institutional cooperation, and supporting vulnerable populations, the project ultimately aims to foster more equitable, resilient, and citizen-oriented healthcare systems in peripheral regions. The initiative represents an important step toward building a shared understanding of the challenges affecting lagging areas and identifying practical pathways toward more accessible healthcare service delivery across Central Europe.

| | | Barriers |
|---|---|---|
| **Transnational cooperation** | Transnational exchange of practices facilitates policy learning and supports the identification of transferable solutions to shared structural challenges | Institutional, administrative, and legal incompatibilities; limited cross-border opportunities |
| **Service accessibility in remote territories** | Peripheral and sparsely populated regions require context-sensitive, flexible, and territorially adapted models of healthcare service provision, as standardized urban-centric frameworks are often incompatible | Geographic isolation, low population density, transport limitations, workforce shortages |
| **Territorial mapping and needs assessment** | Systematic mapping of service availability and population needs constitutes a foundational prerequisite for evidence-based planning, enabling more precise targeting of interventions and resource allocation | Lack of integrated data, fragmented information systems, limited visibility/understanding of local needs |
| **Integrated care through interoperability** | Strengthening interoperability and functional linkages among existing service providers offers greater systemic efficiency than establishing parallel or duplicative solutions | Lack of coordination between providers, incompatible service providers |
| **One-stop-shop and service navigation** | Enhancing system navigability via centralized information and guidance mechanisms reduces administrative and procedural barriers and contributes to users' capacity to comprehend, interpret, and navigate complex health and social service systems | Complex administrative procedures, fragmented pathways, lack of user guidance |
| **Territorial cohesion and social inclusion** | The development of integrated and accessible service systems is a key mechanism for reducing spatial inequalities and reinforcing territorial cohesion and social inclusion objectives. | Spatial inequalities, unequal service distribution, social exclusion of vulnerable groups |

Table 5 SOSPHERE key insights

## 2.2. "Si fa rete"

The "Si fa Rete" (Building Networks) project was developed in the Friuli Venezia Giulia region, aiming to strengthen community-based support systems for senior and vulnerable citizens. The initiative responded to the recognition that increased frailty and social isolation require more integrated and community-oriented responses capable of preventing the loss of autonomy and improving quality of life. The project was approved following a co-design process involving regional authorities, local healthcare and social services, and third sector organizations. This collaborative methodology allowed the joint identification of local needs to define intervention priorities and to develop operational strategies adapted to the characteristics of each territory. Through this shared approach, the region defined overarching objectives and operational guidelines, while local actors contributed with flexible and innovative interventions.

Project activities focused on early care management of older people to delay the loss of autonomy. Strengthening community competences, enhancing the ability of local actors, and citizens' empowerment are all actions directly linked managing the real needs of the community, while mobilizing resources to address them collectively. Thus, the initiative promoted widespread and integrated training activities for older people, caregivers, family assistants, and volunteers— valuing their essential role for both effective care delivery and recipiency. In this regard, a central component of the project concerned the enablement of community activation through listening, information, and engagement activities. Public access points and tailored support services were developed to provide guidance and assistance to older people and their families, while also promoting inclusion, participation, and stronger territorial networks of support.

### 2.2.1. Giulian Karst area

Within the broader regional framework, the Giulian Karst area represented one of the main pilot territories for the implementation of “Si fa Rete”. The area is characterized by a heterogeneous territorial structure composed of several municipalities with different demographic and geographical features. Homogeneity relates to population ageing, fragility, and access to services, with largely comparable needs across the area, particularly in relation to the demand for more coordinated and accessible support systems.

The project combined the consolidation of existing services with the introduction of innovative approaches. Aiming to reinterpret traditional models of care and support for frail and older people, the project introduced greater flexibility and adaptability in relation to local service provision. In parallel, specific methodologies and tools for monitoring and evaluating activities and interventions were developed. Structured around key conceptual dimensions, the approach aimed to foster the development of a resilient and competent community capable of addressing vulnerability through shared responsibility.

The implementation involved a broad partnership of stakeholders, including the Friuli Venezia Giulia Region, the regional healthcare authority, the University of Trieste, third sector organizations, social cooperatives, and social and cultural associations. These actors worked in synergy with the Municipality of Duino Aurisina, which acted as service coordinator. The service network included home care support, assistance for partially and non-self-sufficient individuals, financial aid for people in economic need, and access to residential and semi-residential care.

A central operational element of the system was the Public Access Point (PAP), designed as a single entry point for citizens to receive information, assess initial necessities, and access guidance within the social and healthcare system. Overall, the services were designed to complement the PAP and ensure a more personalized and accessible response to care, while also accounting for additional support to involved family members. These interventions were designed to ensure continuity of care, delaying institutionalization and increasing independent living.

All activities were adapted to the specific characteristics of different local contexts. These included listening and information services, joint assessment of needs in collaboration with social and health services, counselling and guidance for accessing services, as well as individualized support such as home visits, transport assistance, provision of devices, administrative and bureaucratic support, and socialization initiatives for seniors. Continuous engagement with citizens through listening activities, information provision, and community activation was central to the approach, alongside the empowerment of caregivers and family assistants as key actors in the local care system.

Project implementation was facilitated by the existing local networks, which enabled the extension and consolidation of integrated practices across the territory. This structural condition proved essential for ensuring continuity and scalability of interventions. Overall, the experience highlighted that projects of this scale often require time to be fully recognized and embedded within local communities. The development of trust-based relationships between public services, associations, and local actors emerged as a key factor for prolonged impact. In this regard, co-creation and participatory processes fostering shared competencies, as well as motivation among all stakeholders, have been proven successful for the development of integrated and sustainable community-based care systems.

### 2.2.2. Carina territorial area

The Carnia area (north-western part of the Udine area) is characterized by a complex mountainous geography. It consists of 28 municipalities spread across valleys, with small, dispersed, and often isolated

communities. The territory is marked by demographic decline and a high proportion of older residents, with a population of fewer than 36,000 inhabitants. Geographical distance, isolation, and ageing represent structural challenges for the area, significantly affecting service accessibility and social cohesion.

Service organization is strongly based on integration between social and health providers and is considered a key strength of the local welfare system. These services require strong coordination and are structured around a central hub and three peripheral health points. Municipal social services offer a wide range of support for older adults, including integrated home care with nursing and rehabilitation, active ageing programmes fostering social participation and prevention, and specialized dementia services delivered by multidisciplinary home-care teams. Daycare centres also provide structured support for individuals with more severe care needs. In addition, access to temporary and long-term residential care is facilitated through integrated assessment procedures.

Within this framework, the “Si fa Rete” pilot in Carnia operationalized a multi-level and multi-competence system— connecting people, services, and organizations within a geographically complex mountain area. The pilot implemented a shared governance model involving regional institutions, health and social services, and a wide range of third sector organizations. The FVG Region acted as the lead governance body, in collaboration with the regional health authority and municipal services. This governance structure was complemented by the involvement of associations providing social support, culture, and community services.

The intervention developed concrete support for senior citizens and vulnerable populations, including training programmes for caregivers, both family members and private assistants, recognizing their essential role within the local welfare system. Italian language courses were offered to support integration within care relationships, particularly for migrants and foreign care workers. Innovative activities were also developed, such as music therapy for older people with dementia within semi-residential centres in mountain villages. Alongside, the introduction of practical services (e.g., social transport in remote areas) provided additional support to older and vulnerable individuals for accessing medical appointments, essential services, and daily activities. These interventions combined capacity-building components with direct, practical support measures.

The participatory approach began with preliminary meetings to identify the local needs with professionals, municipalities, associations, and local stakeholders. Joint planning processes followed, based on co-design principles, to ensure shared ownership of interventions. Communication activities were carried out through local media, informational materials, social networks, and public meetings to foster accessibility and inclusivity. Continuous evaluation processes were used to reflect on outcomes and identify areas for improvement.

The experience highlighted several opportunities, including knowledge exchange among organizations, stronger interdisciplinary dialogue, and resource-sharing. Uncovered barriers, such as limited territorial anchoring and uncertainty regarding post-pilot cooperation, were also highlighted to reflect on prerequisites for longer-term impact and sustainability. In this regard, the project created important opportunities for expanding services, developing new relationships, and fostering innovative approaches to local welfare. However, it also highlighted the complexity of co-design processes, the need for specific competencies and time, and administrative burdens limiting operational flexibility.

Overall, the Carnia experience demonstrates that integrated territorial welfare in remote and mountainous areas requires strong collaboration, shared vision, and sustained motivation among all actors involved. In such contexts, trust, continuity, and relational capital emerge as essential factors for building resilient and adaptive community-based care systems.

| | | Barriers |
|---|---|---|
| **Integrated, preventive care for complex needs** | Senior citizens benefit from integrated, community-based, and preventive care models combining early intervention, sustained care management, and structured support for caregivers and informal support networks | Reactive, institution-centered models; fragmentation between health and social systems |
| **Community activation and empowerment** | Structured listening, engagement, and empowerment initiatives contribute to community resilience and empowerment | Uneven participation and engagement across territories; volunteer fatigue; limited availability of informal caregivers over time |
| **Co-design and participatory governance** | Co-design improves relevance, legitimacy, and ownership of interventions but requires time, capacity, flexibility, and long-term commitment to be effective. | High coordination demands; differences in institutional capacity and operational flexibility |
| **Territorial adaptation and integrated welfare systems** | Services must be adapted to local demographic and geographic conditions, with strong integration between health and social care, especially in remote areas. | Heterogeneous territories; administrative rigidity |
| **Integrated access and care coordination** | Single-entry points and coordinated service pathways improve accessibility, navigation, and continuity of care for both users and their families | Limited citizens' awareness; persistent complexity in procedural pathways; overload of single access points |
| **Local innovation in welfare provision** | Small-scale, place-based innovations contribute meaningfully to wellbeing and social inclusion, particularly when embedded in stable territorial systems | Innovation limited to pilot phases; dependence on project-based funding |
| **Sustainability through trust** | Long-term impact depends on trust-building, continuity of relationships, and institutional embedding of collaborative practices beyond the project lifecycle. | Discontinuous partnerships; Discontinuous political or administrative leadership; Comprised citizens' trust |

Table 6 "Si fa rete" key insights

## 2.3. From Salute/Zdrastvo to Sanitas

Cross-border cooperation in the healthcare sector has progressively emerged as a strategic priority across the Italian-Slovenian border area: increasing territorial interdependence and common social, demographic, and institutional challenges highlighted the need for more coordinated and integrated systems. Within this framework, the EGTC GO and the Municipality of Ajdovščina promoted long-term cooperation initiatives aimed at strengthening institutional coordination, improving service accessibility, and developing innovative cross-border healthcare solutions.

The strategic approach adopted stems from understanding health as a cross-cutting dimension rather than an isolated policy area. Cross-border healthcare cooperation links not only social and medical assistance, but also broader themes, such as climate resilience, emergency preparedness, territorial cohesion, and crisis management. In this perspective, health cooperation is understood as an essential component of regional development and institutional resilience.

One flagship initiative was the Salute-Zdravstvo project, implemented within the Integrated Territorial Investment mechanism. Conceived during the first years of activity of the EGTC GO (2012–2017), the project was implemented until 2022 as one of the key strategic interventions shaping cross-border cooperation between Gorizia and Nova Gorica. The initiative represented a major investment in cross-border healthcare collaboration, with a total budget of approximately 5.000.000€ over four and a half years.

As an ITI project, Salute-Zdravstvo was implemented through a highly integrated approach, with the EGTC GO acting as coordinator. The initiative focused on core areas of intervention, addressing specific healthcare actions in need of stronger cross-border coordination. One central component concerned the development of cross-border booking services to facilitate access to healthcare providers on both sides of the border. Although technical incompatibilities and administrative barriers between national healthcare systems complicated implementation efforts, this primary objective remains in continuous development beyond the project's end.

Another important area of intervention concerned early-age autism detection through cross-border cooperation among healthcare professionals and institutions. The project also promoted services related to physiological pregnancy support. Within the border area between Gorizia and Nova Gorica, Slovenian and Italian women participated jointly in prenatal activities, courses, and healthcare services delivered through coordinated medical teams. The initiative demonstrated a concrete impact on local communities, with several hundred women benefiting in recent years. Mental health and social inclusion represented additional strategic priorities— with activities aimed at early identification of mental health problems and the promotion of social integration.

These interventions highlighted the importance of coordinated approaches capable of addressing not only medical needs, but also broader social and psychological dimensions affecting border communities. Moreover, the objectives of Salute-Zdravstvo extended beyond individual services' development: establishing durable cross-border infrastructures, strengthening institutional cooperation through formal protocols, creating joint medical teams, and providing integrated healthcare solutions accessible to citizens regardless of national boundaries.

Activities also revealed persistent structural barriers limiting the full development of cross-border healthcare cooperation. Differences in administrative procedures, organizational models, and governance systems between Italy and Slovenia often complicated coordination efforts. For example, the two countries operate under different healthcare structures, with one centrally managed system and the other regionally organized, leading to differences in decision-making processes, competencies, and operational procedures. These challenges demonstrate the need for continuous institutional dialogue and for mechanisms capable of identifying and overcoming legal, administrative, and organizational obstacles affecting cooperation.

Building upon the experiences of Salute-Zdravstvo, the recent Sanitas project continues the cross-border healthcare cooperation in the region. It consists of five project partners, supported by a wide network of associated partners, including ministries, healthcare centres, pharmacies, and civil protection services. Its central objective is the development of a cross-border agreement in the field of essential healthcare to ensure that citizens of the border area can access timely and coordinated healthcare support, particularly in situations where rapid intervention is required.

The project is based on a detailed analysis of existing healthcare systems and the identification of key operational barriers. Research and stakeholder consultations have highlighted several critical issues, including limited access to home care services for cross-border patients, difficulties in providing post-hospitalisation support, challenges in the care of chronically ill patients, and restrictions in maternal and newborn care. Emergency medical services also face limitations in crossing the border, even in cases where

proximity would require immediate intervention. Additional obstacles include language barriers and restricted access to medical documentation.

To address these challenges, the project focuses on strengthening institutional capacity through language training, technical upskilling, and the provision of appropriate equipment. A key result is the development of a formal cross-border operational protocol, defining procedures, responsibilities, and activation mechanisms in case of emergencies. This protocol is expected to be tested jointly through simulation exercises and progressively refined based on practical experience. While maintaining continuity with previous interventions, it adopts a more institutional and strategic approach focused on emergency preparedness and coordinated responses.

The project reflects an increasing awareness that healthcare systems must be prepared to respond jointly to crises between national borders— including natural disasters, public health emergencies, and climate-related events. Sanitas seeks to strengthen institutional readiness, improve communication channels, while reinforcing institutional networks and transnational partnerships in the long-term. The path from Salute-Zdravstvo to Sanitas showcases an evolution of cross-border cooperation in healthcare from isolated project-based interventions into a broader strategic framework for territorial governance and institutional integration. Ultimately, the direction of cross-border cooperation should aim to improve healthcare service delivery, while also strengthening institutional coordination, territorial cohesion, resilience, and social inclusion.

| | | Barriers |
|---|---|---|
| **Evolution of cross-border cooperation in healthcare** | Cross-border healthcare should be developed as a long-term governance tool for territorial resilience and cohesion, shifting from fragmented project-based interventions toward stable, institutionalized cooperation frameworks | Uncoordinated initiatives over time; dependence on project-based funding cycles |
| **Health as a cross-cutting policy dimension** | Health policy in cross-border regions should be integrated across sectors, supporting broader regional development objectives such as emergency preparedness, climate resilience, territorial cohesion, and social inclusion | Unclear policy prioritization; limited intersectoral coordination |
| **Integrated service development and interoperability** | Effective cross-border healthcare systems require integrated service provision supported by interoperable administrative, digital, and organizational solutions to ensure continuity and accessibility of care | Technical incompatibilities; administrative and legal misalignment |
| **Evidence-based territorial planning** | Cross-border healthcare planning should be grounded in systematic data collection and shared territorial needs assessment to support targeted and efficient service allocation | Fragmented data systems; limited access to information; insufficient needs mapping |
| **Emergency preparedness and coordinated response** | Cross-border healthcare systems should include jointly defined emergency protocols and operational coordination mechanisms to ensure a rapid and effective response in crises | Restricted cross-border mobility; unclear activation procedures; limited interoperability |
| **Capacity building, workforce development for institutional embedding** | Cross-border cooperation requires continuous investment in human and institutional capacity, including workforce skills and operational resources, to embed cooperation in stable institutional structures | Language barriers, uneven workforce capacity; limited training harmonization; resource constraints |

Table 7 Salute/Zdrastvo & Sanitas key insights

## 2.4. Frome's Whole Community Approach to Social Prescribing

The whole community approach to social prescribing developed in the town of Frome represents an innovative model of integrated care embedded both within the National Health Service and the wider community. The initiative is based on the growing recognition that a significant proportion of health problems presented in primary care are closely linked to social determinants, such as loneliness, financial insecurity, housing difficulties, lack of social networks, and reduced access to community resources. The approach aims at reconnecting healthcare systems with community life, strengthening social infrastructure, and improving citizens' wellbeing through collaborative and preventive action.

The model gained international attention between 2014 and 2017, when unplanned hospital admissions in Frome decreased by 14%, while admissions across the wider region increased significantly. This outcome was not the result of a single intervention, but rather of a coordinated and multidisciplinary strategy involving healthcare professionals, community organizations, volunteers, local government, and citizens. The initiative combined improved hospital discharge support, proactive follow-up of vulnerable patients after hospitalization, and the introduction of a pioneering social prescribing and community development team embedded within general practice services.

A central feature of the initiative is the integration of non-clinical support within primary healthcare. In 2013, the first social prescribing and community development role was introduced within the local GP practice. This innovation responded to the increasing number of patients seeking medical consultations for issues rooted in social and emotional difficulties, rather than strictly biomedical conditions, requiring an innovative approach linking healthcare provision to broader determinants of health.

The project relied on a strong community mapping methodology to identify and mobilize local assets. Existing services, voluntary organizations, support groups, training opportunities, and informal community resources were systematically identified and made accessible through a publicly available directory. The process involved the identification and involvement in collaborative activities of key community actors— such as healthcare workers, volunteers, and housing staff— to strengthen local capacity and foster shared responsibility for community health. Complementarily, the project identified significant gaps and barriers affecting access to support— leading to the co-creation of new initiatives for missing services, such as chronic pain support programmes. Uncovered barriers included digital exclusion, transport difficulties, and financial limitations. The initiative worked collaboratively with local organizations to promote inclusion and develop practical solutions adapted to citizens' needs. Particular attention was devoted to improving access to information and strengthening community connectedness.

The project recognized that support systems are ineffective if citizens are unaware of their existence or lack the confidence to engage with them. Multiple channels of access were developed, combining online directories with physical community spaces where trained workers and volunteers could offer guidance. These accessible and welcoming spaces aimed to reduce isolation, facilitate social interaction, and encourage people to connect with available support networks. The model also included social prescribing link workers, embedded within GP practices, working alongside healthcare teams to provide individualized, person-centred support. Rather than simply referring individuals to services, link workers aimed to understand beneficiaries' specific needs, identify personal strengths and available resources, and support their gradual reconnection with meaningful activities and social relationships. This holistic approach contributed to improving self-management of long-term conditions, reducing repeated GP consultations, and increasing citizens' confidence in accessing community support.

An additional innovation concerned the activation of community members through the "Connectors" programme. Thousands of citizens from different backgrounds received short training sessions enabling them

to inform others about available support opportunities within the community. This approach expanded the reach of the initiative beyond formal healthcare settings and promoted peer-to-peer support, trust, and local solidarity. Over time, the experience in Frome contributed to wider national developments in England. Since 2019, social prescribing link workers have been formally integrated into the NHS structure, with dedicated funding supporting their implementation across GP networks nationwide. National frameworks, induction materials, and operational guidance were subsequently developed to facilitate replication of this approach in other territories.

The whole community approach to social prescribing showcases the importance of strengthening social relationships and community infrastructure as key determinants of health. Evidence associated with the initiative highlighted improvements in citizens' ability to manage long-term conditions, reduced social isolation, lower use of emergency healthcare services, and stronger community resilience. Beyond health outcomes, the model also emphasized broader social and environmental benefits, including enhanced social capital, improved inclusion, and reduced dependence on high-carbon medical interventions. Through the integration of healthcare systems with community resources and citizen participation, the initiative provided an important example of how collaborative and place-based approaches can contribute to more sustainable and person-centred systems of care.

| | | Barriers |
|---|---|---|
| **Integrated, person-centered care addressing social determinants** | Primary care systems should integrate social determinants of health through person-centered and holistic approaches, connecting clinical services with community-based support networks to address both medical and non-medical needs. | Systemic separation between health and social care; biomedical dominance and limited recognition of social needs in care pathways; high pressure on primary care services |
| **Community asset mapping and system connectivity** | Systematic identification and mobilization of community assets strengthen access to support and improves coordination between formal and informal service providers | Fragmented knowledge of local resources; weak information-sharing mechanisms. |
| **Inclusion and reduction of access barriers** | Health systems should proactively address structural barriers to access, including digital exclusion, transport limitations, and financial constraints, to ensure equitable participation in care pathways. | Digital exclusion; socio-economic inequalities limiting access |
| **Multi-channel access and navigational support** | Accessible and multi-channel support systems (digital, physical, and community-based) are essential to improve system navigability and reduce social isolation. | Limited awareness of available support; uneven accessibility of information channels. |
| **Institutionalization of community-based innovation** | Successful community-based health innovations require formal integration into health system structures to ensure scalability, continuity, and long-term sustainability. | Uneven implementation capacity; challenges in scaling from pilot to national systems |
| **Health and social system outcomes through integration** | Integrated, community-linked health models can improve population health outcomes, reduce pressure on healthcare systems, and strengthen social resilience | Short-term funding cycles; difficulty in attributing outcomes across complex interventions; institutional unappreciation of preventive models |

Table 8 Frome's approach key insights

## 2.5. The Support Centre 521 in Pula

The "Support Centre 521" was developed as an innovative social service model improving access to integrated healthcare delivery for vulnerable citizens. In 2016, within the framework of Integrated Territorial Investments, the city of Pula— together with neighbouring municipalities and cities— initiated a long-term process of social planning and strategic coordination to align the objectives of the European Social Fund with local territorial development priorities. The initiative was designed to strengthen social inclusion, improve accessibility of services, and expand existing social support systems across the entire urban area.

The fragmentation of welfare, health, and social care systems created significant barriers for vulnerable citizens seeking support. In response, the project aimed to strengthen coordination between institutions, local authorities, NGOs, and community actors through a "one-stop-shop" model providing integrated access to counselling, social support, healthcare information, psychological assistance, and referrals.

The Support Centre 521 was conceived as a central access point throughout the urban agglomeration— implemented through a partnership model involving the City of Pula, neighbouring municipalities, and local NGOs active in the social sector. This collaborative governance structure aimed to enhance the organizational capacity of civil society actors through shared implementation. A major component involved the physical establishment of the Support Centre itself, located in a central and easily accessible urban area. The facility was fully adapted for persons with disabilities and designed to provide a welcoming and multifunctional environment where citizens could receive support, counselling, information, and participation. Operational protocols, work programmes, and organizational procedures were devised to ensure continuity, clarify responsibilities, and foster future scalability efforts.

A digital platform to catalogue and connect all available social and community services within the urban agglomeration was also developed. It enabled the systematic mapping of service providers, available resources, and citizens' needs, facilitating faster access and improving coordination among institutions. This integrated information system uncovered unmet social needs— providing the foundations for future social planning and development.

To promote outreach, inclusion, and equality, mobile and decentralized support activities were organized throughout the urban area. Employees of the Support Centre regularly collaborated with local municipalities and service providers to identify vulnerable individuals, coordinate interventions, and significantly increase access to services, regardless of location and individual requirements. In addition, employees received specialized education on working with vulnerable groups, with a focus on inclusion, diversity awareness, and the psychosocial dimensions of loneliness and ageing. Workshops, peer-to-peer counselling activities, intergenerational learning, and digital literacy support further complemented the endeavour.

The governance model developed through the project has been recognized as an innovative example within Croatia. Following the implementation phase, participating municipalities agreed to jointly finance the continuation of the service. The initiative also formalized partnerships with academic institutions, including collaboration with the Faculty of Law of the University of Zagreb, to provide free legal assistance for citizens with limited financial resources. The initiative demonstrated the importance of flexibility, local collaboration, and sustained community engagement in maintaining social support systems during periods of crisis. By placing citizens and communities at the centre of service organization, the project reduced fragmentation, strengthened inclusion, improved access to information and services, and fostered more coordinated and responsive local welfare systems— establishing an important foundation for future development of innovative community-based social services in the region.

| | | Barriers |
|---|---|---|
| **Integrated "one-stop-shop" service delivery models** | "One-stop-shop" models can centralize access to services, reduce fragmentation, and improve vulnerable target groups' quality of life when integrated in social and welfare systems | Fragmentation between welfare, health, and social care systems; overtly complex governance structures |
| **Territorial coordination and multi-actor governance** | Service delivery in complex contexts requires coordinated governance structures involving municipalities, NGOs, and public institutions to ensure coherent planning and implementation of social services | Overlapping responsibilities; limited administrative alignment across stakeholders |
| **Digital integration and service mapping** | Integrated digital platforms for mapping services and needs are valuable tools for evidence-based social planning | Lack of data systems and digital infrastructure; uneven information on local needs and service availability |
| **Outreach, accessibility and inclusive service delivery** | Social support systems should proactively reach vulnerable populations through decentralized and mobile services to foster equity in healthcare service delivery | Geographic dispersion; accessibility constraints; missing identification or outreach of vulnerable groups |
| **Capacity building and professional development** | Effective social service delivery requires continuous investment in staff training, particularly in inclusion, psychosocial support, and work with vulnerable populations. | Limited training opportunities; uneven professional capacity; resource constraints |
| **Community-based innovation and co-production** | Sustainable social service models are strengthened through collaboration with academic institutions, civil society, and communities, fostering co-produced and locally embedded solutions. | Uneven institutional engagement; compromised long-term relationships and collaboration frameworks |

Table 9 Support Centre 521 key insights

## 2.6. IMPULSO Project and "Saúde + próxima de si"

The "Impulso" project was developed in Portugal through collaboration between the WHO Regional Office for Europe, local health units, and the European Commission (DG REFORM), to strengthen integrated, person-centered, and population-based care systems. By promoting stronger integration between primary care, hospital services, public health, and community actors, it focused on improving governance, care coordination, accessibility, and communication across healthcare services.

A central element of the initiative was the development of Local Health Units (LHU) to foster integrated care delivery. Healthcare professionals were reconceptualized as facilitators of patients' empowerment and self-management, increasing shared responsibility between citizens and services. LHUs represented a structural shift towards harmonized service integration, with person-centered care positioned at the core of the system. This model primes participatory governance, co-creation with communities, and strategic planning to align care delivery with population needs. It focuses on accessibility, efficiency, and continuity of care.

The project also strengthened governance and accountability within LHUs through evidence-based policy tools, including governance assessments, national performance indicators, and implementation roadmaps. Organizational capacity was reinforced through strategic planning training, performance dashboard requirements, knowledge exchange, and meetings supporting innovation sharing. These activities contributed to a culture of organizational learning and coordinated development across institutions.

Care integration was further supported through structured training programmes on integrated care and care pathways, including train-the-trainer approaches for additional scalability. Complementarily, digital transformation was addressed through interoperability and data flows, aiming to improve service coordination and continuity of care through shared digital solutions. Within this broader framework, the Local Health Unit of Northeastern Portugal implemented a targeted digital health literacy initiative titled "Saúde + perto de si" ("Health + closer to you. The project aimed to improve citizens' ability to navigate digital platforms of the National Health Service through a participatory and community-based approach.

The intervention combined social mobilization with professional training activities. Local "micro-influencers," including community leaders, emergency services, religious representatives, and civil protection actors, were trained to disseminate validated health information. Parallel training sessions for healthcare and community professionals focused on practical navigation of services, including primary care, emergency access, and palliative care, supported by adapted HLS19 instruments for pre- and post-assessment. Communication campaigns through local media and institutional channels complemented these activities to broaden outreach and reinforce public awareness.

Activities demonstrated how strong multidisciplinary collaboration can improve coordination between hospital care, primary care, public health, and community structures. Although challenges remained in terms of participation, geographical coverage, and evaluation response rates, the project achieved significant improvements in digital inclusion and health literacy— relying on institutional cooperation and shared commitment, rather than on additional financial resources. Responsibility for continuation was gradually transferred to community care teams, supporting sustainability and local adaptation. Overall, these initiatives showcase the potential of integrated governance, digital innovation, and community engagement for person-centered care systems.

| | | Barriers |
|---|---|---|
| **Care integration tools and workforce development** | Sustained workforce development through structured training and "train-the-trainer" approaches supports more consistent implementation of integrated care pathways across services | Persistence of siloed professional practices; Variable uptake of integrated care tools and approaches across institutions |
| **Primary Health Care Integration** | Strengthened PHC acts as the first point of contact and coordination hub within integrated care systems, improving accessibility, continuity of care, and linkage with hospital, public health, and community services | Workforce constraints and variability in resource allocation and service organisation |
| **Digital health literacy and community engagement** | Community-based (digital) health literacy initiatives supported by informal and professional training have a cascading effect on citizen empowerment, strengthening individuals' ability to access, navigate, and actively engage with healthcare services | Low participation rates; geographical dispersion; uneven stakeholders engagement |
| **LHUs as relational coordination hubs** | LHUs can function as coordination hubs to align multiple care sectors through shared accountability, relational coordination, and population health management principles, enabling more person-centred care | Institutional path dependency; misaligned incentives across care sectors; limited interoperability of decision-making |
| **Digital health literacy for community-empowerment** | (Digital) health literacy interventions can be reframed as longitudinal processes where empowerment emerges through continuous interactions between individual skills, community networks, and institutional environments, progressively enhancing collective capability and system resilience | Digital exclusion; structural inequities; limited sustainability of participatory interventions |

Table 10 IMPULSO and "Saúde + próxima de si" key insights

# 3. Lessons learned and potential pathways

The explored transnational experiences provided clear insights into potential intervention measures to improve healthcare service delivery in peripheral and/or lagging territories. Across the analyzed cases, recurrent patterns emerge in relation to governance arrangements, service organization, and community-based care approaches. In summary, a simple link between health outcomes and service availability appears overly simplistic— requiring consideration of at least integration capacity, accessibility mechanisms, and adaptation to local demographic and geographic conditions.

Despite differences in institutional settings and governance, the comparative analysis of the cases examined reveals shared patterns— pointing towards a shift from fragmented, reactive service provision to integrated, person-centered, and territorially embedded systems. This transition is characterized by increasing attention to coordination, accessibility, prevention, and multistakeholder multidisciplinary cooperation.

The first transversal dimension concerns the consolidation of integrated and preventive care models. Across all cases, health outcomes are strongly linked to social determinants of health, continuity of care, and early intervention. Similarly, cross-border initiatives highlight the need for coordinated responses in areas such as chronic care, mental health, and emergency preparedness. Collectively, these experiences prescribe a clear shift away from institution-centered models towards more holistic approaches rooted in proximity and community engagement.

A second key dimension concerns the integration of health within broader territorial and cross-sectoral governance frameworks. In this perspective, health is understood not as an isolated policy field; rather, it is a structural component of social inclusion, territorial cohesion, and digital transformation. The embedding of social prescribing within primary care and community infrastructure provides a clear illustration of this broader reconfiguration. Similarly, the consolidation of social, psychological, and legal services within a unified access model reinforces this move towards more coordinated, multi-sectoral health governance.

The findings highlight community activation and the strengthening of social capital as key mechanisms for extending system reach and enabling citizen empowerment. In short, relational and networked forms of welfare provision tie effectiveness to the mobilization of community resources and locally embedded capacities alongside formal service structures. Results showcase how fostering (digital) health literacy via community-based intermediaries has a positive cascading effect on trust, relational continuity, and sustained participation— understood as critical conditions for long-term integrated care systems.

For this reason, across all cases, reducing fragmentation emerges as a central objective— often pursued through the development of coordinated care pathways, shared referral mechanisms, and clearly defined entry points into the system. These arrangements aim to improve continuity of care and reduce inefficiencies associated with compartmentalized, more vertical, service delivery. Interoperability, particularly between health, social care, and community-based services, remains a critical enabling condition. At the same time, integrated access models, including single-entry points and care navigation functions, are shown to facilitate user orientation within complex service landscapes and to improve responsiveness, particularly for vulnerable populations.

In support of the analysis, these transnational experiences consistently demonstrate the importance of addressing both health and social needs through coordinated and continuous care delivery. Across all cases, a clear consolidation of health as a cross-sectoral policy domain emerges. This evolution is primed by the promotion of community (and patients') empowerment— moving beyond a narrow focus on clinical provision towards more territorial and socially embedded approaches to well-being. The shift is reflected in the development of interoperable and accessible service systems. At the same time, there is a progressive

institutionalization of cooperation frameworks, designed to enhance scalability and sustainability, while ensuring policy coherence and long-term impact.

Despite these converging objectives, several structural barriers continue to limit implementation. A first constraint concerns the fragmentation of health, social, and administrative systems, which undermines coordination and continuity of care. A second relates to uneven institutional and territorial capacities, particularly in peripheral, rural, and cross-border regions characterized by demographic ageing, geographic isolation, and organizational fragmentation.

Moreover, constraints relate to limited health data integration and weak evidence-based planning capacities, which reduce system responsiveness and hinder efficient resource allocation. Workforce-related constraints—such as skill gaps, language barriers, and uneven training systems—further limit implementation capacity. Finally, sustainability remains a cross-cutting challenge. Many initiatives continue to rely on short-term funding cycles and pilot-based governance models, which restrict institutional embedding and long-term continuity. These challenges are reinforced by governance fragmentation, misaligned incentives across sectors, and variable levels of political and administrative commitment.

Overall, the analysis shows that integrated care systems rely on the combined strengthening of community-based capacities, robust territorial planning, and effective service integration to achieve meaningful system transformation. While community activation and social capital enhance reach and citizen empowerment, their impact depends on trust, relational continuity, and sustained participation. At the same time, evidence-based planning and workforce development are essential to institutionalizing integrated approaches. Finally, service integration and interoperability remain essential objectives, with coordinated pathways and accessible entry points emerging as key mechanisms to reducing fragmentation and improving continuity of care across diverse governance contexts.

To provide a more visual summary, the following table synthesizes the main findings from the comparative analysis of the selected transnational case studies. It highlights the converging patterns used to define the initial set of recommendations and potential pathways for better health.

| Policy | Objective | Instruments | Examples |
|---|---|---|---|
| *Integrated and preventive care models* | Shift from reactive to preventive person-centered care | Social prescribing, integrated home care and dementia pathways, integrated care models, coordinated chronic and maternal care pathways, integrated counselling and social support | Si fa Rete, Frome, Salute Zdravstvo, Sanitas, Support Centre 521, Impulso |
| *Service integration and continuity of care* | Ensure seamless care pathways across institutions, levels of care, and territories | Public Access Points, one-stop-shops, Local Health Units as coordination hubs, cross-border booking systems, post-discharge follow-up | Si fa Rete, Support Centre 521, Impulso, Salute Zdravstvo, Sanitas, Frome |
| *Cross-sectoral governance of health as systemic policy* | Position health as a cross-cutting enabler of cohesion, inclusion, and resilience | Integrated Territorial Investments, multi-actor governance models, institutional health social coordination, emergency-linked governance frameworks | Si fa Rete, Salute Zdravstvo, Sanitas, Support Centre 521, Impulso |
| *Community activation and social infrastructure* | Strengthen community capacity and enhance social capital | Connectors programmes, caregiver training, outreach and social activation, community engagement in service mapping | Frome, Si fa Rete, Support Centre 521, Impulso |
| *Digitalization and service mapping* | Improve accessibility and planning through digital integration | Service mapping platforms, digital navigation support, governance dashboards, interoperability systems | Support Centre 521, Frome, Impulso, Sanitas |
| *Workforce and capacity building* | Strengthen professional skills, interdisciplinarity, and community-based competencies | Caregiver training programmes, link workers, professional upskilling, multilingual and cross-border training | Si fa Rete, Frome, Support Centre 521, Impulso, Sanitas |
| *Institutionalization and sustainability* | Move from pilot initiatives to stable governance and long-term system embedding | Formal integration of link workers in health systems, municipal co financing models, Local Health Units reform, cross border protocols | Frome, Support Centre 521, Impulso, Sanitas |
| *Evidence-based territorial planning and system learning* | Strengthen decision-making through data, monitoring, and needs assessment | Territorial mapping systems, service directories, governance dashboards, pilot evaluation frameworks | Si fa Rete, Support Centre 521, Impulso, Salute Zdravstvo, Sanitas |

Table 11 Synthesis of main findings

# Annex

Interreg CENTRAL EUROPE

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SOSPHERE

# Improving access to health and social services in lagging areas

## Agenda

Version 1

03 2026



# SOSPHERE TRANSNATIONAL WORKSHOP

## 05 May 2026
## Teams - 10:00 - 12:30

## Agenda

| | |
|---|---|
| 10:00 – 10:10 | Welcome and introduction to the workshop, Ana Sinkovic, CEI-ES |
| 10:10 – 10:25 | Best practice from the regional project "Si fa rete", Autonomous Region Friuli Venezia Giulia – Giulian Karst area |
| 10:25 – 10:40 | Best practice "Si fa rete" Autonomous Region Friuli Venezia Giulia – Carnia |
| 10:40 – 11:10 | "From Salute/Zdrastvo to Sanitas: the EGTC GO and the evolution of cross-border cooperation in the health sector" – crossborder experience, Mr. Ezio Benedetti, EGTC GO, Ms. Tanja Dimitrijevic and Mr. Janez Furlan, Municipality of Ajdovscina |
| 11:10 – 11:25 | A Whole Community Approach to Social Prescribing embedded in NHS and the community. Frome, Somerset, UK. Jenny Hartnoll |
| 11:25 – 11:40 | "From analysis to implementation: establishment of the Support Centre 521 Pula" Ms. Irena Peruško, Head of Unit for Social Welfare and Health, City of Pula |
| 11:40 – 12:00 | Improving access to care through person-centred initiatives and communication projects: examples from primary health care experience – IMPULSO Project and "Saúde + próxima de si", Mr. Gian Matteo Apuzzo WHO/Europe, Dr Cristina Nunes, Local Health Unit Nordest (Portugal) |
| 12:00 – 12: 30 | Questions and answers |
| 12:30 | Workshop closure, Ana Sinkovic, CEI-ES |

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# SOSPHERE – TRANSNATIONAL WORKSHOP



Online workshop
Teams | 05 May 2026

Ana Sinkovic, CEI-ES
Project Manager

# Improving access to health and social services in lagging areas

SOSPHERE project, funded under Interreg CENTRAL EUROPE, aims at fostering exchange among public authorities, practitioners, and experts on innovative approaches and best practices to improve access to services of general interest, with a particular focus on **health and social services** in **lagging and underserved areas.**



# WORKSHOP INTRODUCTION AND MAIN CONTENTS

**Main aim:** facilitate transnational exchange on improving health and social services in lagging Central European areas

**Challenges Addressed**

Focus on structural issues like depopulation, isolation, and governance affecting service access in peripheral regions.

**Collaborative and Inclusive Approach**

The event encourages active participation from partners across multiple countries fostering shared learning and cooperation.

**Project Alignment and Future Goals**

Early project phase event aligning expectations and strengthening cooperation for integrated service provision.

# WORKSHOP AGENDA

**Workshop Opening and Objectives**

**Showcasing Best Practices**

**Interactive Dialogue**

**Synthesis and Closing**



# about SOSPHERE



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# SOLUTIONS FOR OPTIMAL SERVICE PROVISION AND HEALTH EQUITY IN REMOTE ENVIRONMENTS

- co-funded by the Interreg Central EUROPE Programme
- 01/01/2026 – 31/12/2027

## PROJECT PARTNERS:

- LP: CENTRAL EUROPEAN INITIATIVE - EXECUTIVE SECRETARIAT (IT)
- PP2-EDUCATION AND CARE INSTITUTE(IT)
- PP3 -MUNICIPALITY OF BELTINCI (SI)
- PP4 -CITY OF LABIN (HR)

## ASSOCIATED PARTNERS

- GECT GO
- Autonomous Region Friuli Venezia Giulia
- Municipality of Treviso
- Pensioners Association of Beltinci
- Croatian Red Cross Labin
- Labin Healthy city
- Istria County

# PROJECT BACKGROUND AND RATIONALE

**Focus on Peripheral Areas**

The project targets remote, low-density areas in Italy, Slovenia, and Croatia with limited integrated services.

**Challenges for Vulnerable Groups**

Vulnerable populations face difficulties navigating complex service systems across multiple institutions.

**Integrated Service Ecosystems**

The project improves spatial and organizational service interactions for a more inclusive user experience.

**Pilot Areas as Testing Grounds**

Selected pilot regions test innovative approaches for wider application in similar challenging contexts.



# GETTING INTO ACTION

Planning and delivering

# FROM GAPS TO SOLUTIONS

## CO-DESIGN AND COOPERATIVE APPROACH

- Mapping of existing services
- Addressing citizens needs
- Addressing gaps (matching)
- Identifying gathering point for one-stop-shop delivery
- Common guidelines and strategies for improving service delivery
- One-stop-shop testing (pilot actions)
- Capitalisation and sustainability

### Expected results:

Easier access to information;
Increased trust and raised awareness
Increased digital (health) literacy
Services – Needs matched

# EXPECTED WORKSHOP OUTCOMES AND NEXT STEPS

# WORKSHOP CONTRIBUTION TO PROJECT RESULTS

**Workshop Milestone**

The workshop intends to foster cooperation and practical implementation among diverse stakeholders.

**Shared Insights**

Insights from the event clarify common challenges and highlight potential pathways for project advancement.

**Future Engagement**

Ongoing participation and collaboration will drive pilot actions and stakeholder involvement.

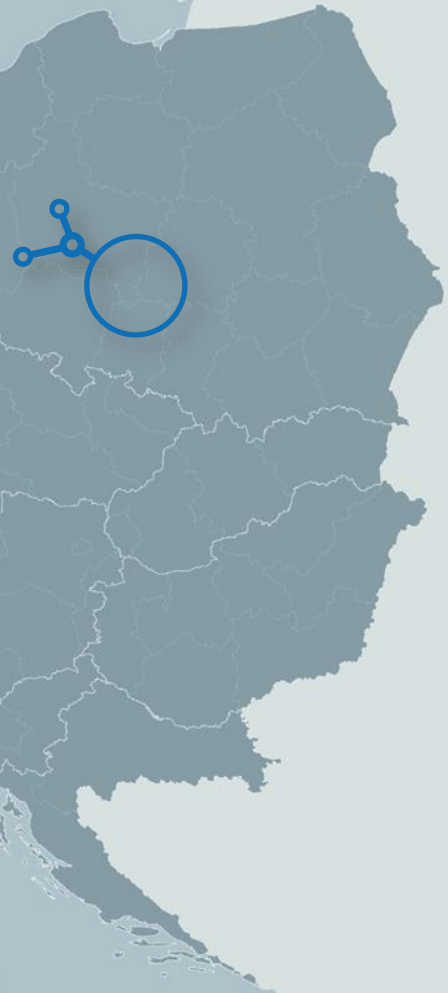
**Commitment to Change**

The project aims to translate dialogue into meaningful improvements in service access across Central Europe.

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REGIONE AUTONOMA
FRIULI VENEZIA GIULIA

# SOSPHERE TRANSNATIONAL WORKSHOP

## “Si fa rete”

## Autonomous Region Friuli Venezia Giulia

## Giulian Karst Area

## Carnia Territorial Area

May 5th, 2026

Direzione centrale salute, politiche sociali e disabilità

Interreg CENTRAL EUROPE
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SOSPHERE

# SI FA RETE - BUILDING NETWORKS

## Supporting Elderly Vulnerability Together

- approved following a co-design process with Third Sector Organizations
- project activities:






**early care management (procedure shared between public social and healthcare services and Third Sector organizations)**



**widespread and integrated training (shared catalogue) for elderly people, caregivers and volunteers**



**strengthening the community network (cooperation agreement) through experimental interventions**

# Core activities

Empowering community engagement and support through

- **Listening, informing and animating the community:**
  focus on elderly people and their families via public access points and tailored services.
- **Empowerment of caregivers and family assistants**
  training and guidance to support care for vulnerable people.

# Partner

- Public healthcare and social services.
- Third Sector Organizations (TSOs) – non-profit organisations operating for civic, social, and community purposes, as defined by Italian Legislative Decree n. 117/2017.

# Co-design
# A collaborative approach to planning and service design

# Why choose co-design

- Through co-design, third sector organisations are involved in strategic interventions planned at both regional and local level (health authorities and municipalities) within the health and social care sectors
- The Region defines operational guidelines and overarching objectives, which are then specified at organisational level
- Third sector organisations contribute an innovative component towards achieving these goals
- This approach enables the implementation of new strategies that may evolve into good practices supporting future project development

# The added value of shared administration (Co-design – Art. 55, Legislative Decree 117/2017)

Among the key potentials and opportunities of co-design:

- Identification of real needs
- Design of more targeted and sustainable interventions
- More flexible intervention models and the emergence of new ideas
- Strengthening trust between public authorities and communities
- More efficient use of resources and improved public spending efficiency

REGIONE AUTONOMA
FRIULI VENEZIA GIULIA

# “Si fa rete”
# Giulian Karst Area

Direzione centrale salute, politiche sociali e disabilità

Si Fa Rete

Interreg CENTRAL EUROPE

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# Giulian Karst Area: Context

- **Muggia**: 12,700 inhabitants – 13 km² – on the Gulf, bordering Slovenia
- **Sgonico-Zgonik**: 2,000 inhabitants – 31 km² – on the Karst, bordering Slovenia
- **Monrupino-Repentabor**: 830 inhabitants – 13 km² – on the Karst, bordering Slovenia
- **San Dorligo della Valle-Dolina**: 5,800 inhabitants – 24 km² – along the Slovenian border
- **Duino Aurisina-Devin Nabrežina**: 8,000 inhabitants – 45 km² – from the coast to the Karst

# Project objectives

- Development of a shared working method, strengthening structured networks among partners and in synergy with public authorities and institutions, for the benefit of older people in vulnerable conditions, their families, and formal and informal caregivers, through three main actions:
- Early identification and support, with a shared needs assessment approach
- Widespread and integrated training
- Strengthening the community network through new pilot initiatives

# Project stakeholders

- **Governance**: Autonomous Region of Friuli Venezia Giulia (RAFVG) – Central Directorate for Health, Social Policies and Disability
- Giuliano Isontina University Health Authority (ASUGI) – Elderly Unit, District 2: a system of services and provisions (nursing clinics, specialist medical services, home care, and rehabilitation)
- ACLI FVG – Social Promotion Association – **Project Coordinator**
- Aulòs Music Therapy – Social Promotion Association
- "Goffredo De Banfield" Association – Voluntary Organisation
- Caritas Centre of the Archdiocese of Udine – Voluntary Organisation

# Project stakeholders

- Social Services of the Giulian Karst Area – the Municipality of Muggia acts as the lead authority, with responsibilities including:
  - Social access point (PUA – Single Access Point: a unified health and social care access desk providing information, initial needs assessment for older people, and social-health guidance
  - Home care services for partially or non-self-sufficient individuals, and emergency social interventions for personal and family crises
  - Financial support measures for people in difficulty
  - Residential and semi-residential services

# Key figures – Activities 2024 (Giulian Karst Area)

- 43 integrated care cases, with 126 interventions and 77 network activations
- 12 home visits, some carried out jointly with social services
- 74 people supported through counselling and/or wellbeing activities
- 330 participants in awareness-raising, socialization, and information initiatives
- 5 outreach training meetings across municipalities for older people, caregivers, and local volunteers, with over 40 participants

# Opportunities and challenges

- Towards a new welfare system: from healthcare provision to health as an individual and collective good involving the whole community
- Service delivery—while essential—is not sufficient to ensure community health within integrated territorial planning (social, health, educational, environmental, cultural, employment, and quality of life)
- A process of regeneration is needed, fostering trust-based and supportive relationships among people
- The evolving relationship between public authorities and the third sector requires organizational and procedural balance to overcome cultural differences between the two

# Thank you for your attention

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# “Si fa rete”
# Carnia Territorial Area



Si Fa Rete
Interreg CENTRAL EUROPE
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# Actors involved in co-design

- **Governance**: Autonomous Region of Friuli Venezia Giulia (RAFVG) – Central Directorate for Health, Social Policies and Disability
- Directorate of Social and Health Services (ASUFC) – Central Friuli University Health Authority – Social Service of the Municipalities of the Carnia Territorial Area
- "Goffredo De Banfield" Association – Voluntary Organisation
- Caritas Centre of the Archdiocese of Udine – Voluntary Organisation
- Assostegno – Voluntary Organisation
- ACLI FVG – Social Promotion Association
- Aulòs Aulòs Music Therapy – Social Promotion Association

# Planned activities in the Carnia Territorial Area

- Training for caregivers, both family members and private assistants (ACLI Association, De Banfield Association, Municipal Social Services)
- Italian language training (L2) (Caritas)
- Music therapy activities for older people with dementia at the semi-residential centre in Forni di Sotto (Aulòs Association)
- Transport services for the Val Degano area (ACLI Association)

# The context




Carnia
Tolmezzo
Udine
Pordenone
Gorizia
Trieste

# Social territorial area and health district






# Social territorial area and health district






Social workers, healthcare assistants, general practitioners, nurses, physiotherapists, paediatricians, outpatient clinics for specialist visits, vaccination services…

# Resources of the Municipal Social Services for older people and individuals with care needs

- Home Care Service (SAD), in coordination with Home Nursing Services (SID) and Home Rehabilitation Services (SRD)
- Targeted projects promoting wellbeing and active ageing for independent older people
- Specific projects for older people with dementia, including home-based interventions (multi-professional team: neurologist, occupational therapist, psychologist, social worker)
- Day Care Centre for non-self-sufficient individuals

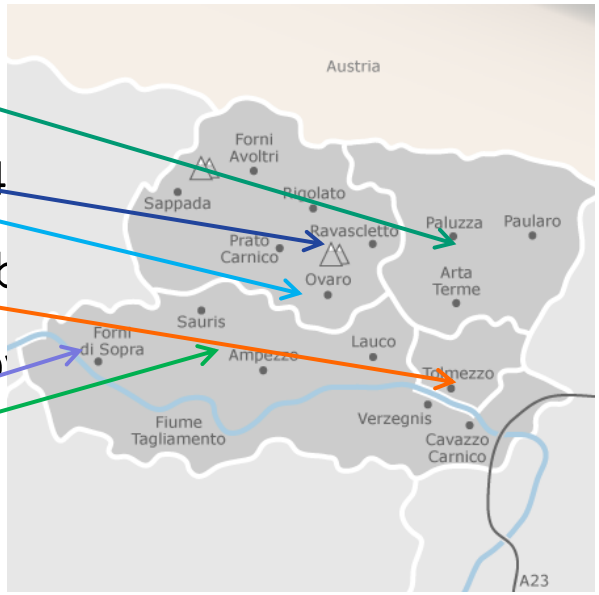
# Resources of the Municipal Social Services for older people and individuals with care needs

- Collaboration with the Si Con Te help desk to support families in finding private care workers
- Regional financial support for families employing private care staff
- Telecare and emergency response services
- Information and support desk for the Support Administrator (legal guardianship role)
- Integrated assessments for admission to residential care (temporary respite care or permanent placement)

# Si.Fa.Rete 2023 - 2024

Training and outreach activities for caregivers, both family and professional, across the following areas:

- Val But (september-october 2023),
- Val Degano (april 2023),
- Val Degano - Social Transport Services (2023-2024
- Tolmezzo and surrounding area (october - novemb
- Forni di Sopra - Innovative activities: music therap (october 2024),
- Val Tagliamento (april-may 2024).



# Methodology











1. Preliminary meetings
2. Planning
3. Communication
4. Implementation
5. Evaluation and review

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COMUNICATO STAMPA

PRESENTAZIONE PERCORSO FORMATIVO PER ASSISTENTI FAMILIARI E CAREGIVER nella Val But – Paluzza e Arta Terme

**Sabato 16 settembre** alle ore 11 presso la Sala di Musica di via Roma a Paluzza si terrà la presentazione del corso di formazione per assistenti familiari e caregiver proposto dalle associazioni Acli Fvg aps, De Banfield odv , Aulos aps e Centro Caritas dell'Arcidiocesi di Udine ODV ETS all'interno della coprogettazione "Si Fa Rete" in collaborazione con il servizio sociale dell'Ambito Territoriale della Carnia e i Comuni di Arta Terme, Cercivento, Paluzza, Ravascleto, Sutrio, Treppo Ligosullo e Zuglio .
Il progetto "SI FA RETE - Sosteniamo Insieme la Fragilità dell'Anziano" è finanziato dalla Regione Autonoma Friuli Venezia Giulia con risorse statali del Ministero del Lavoro e delle Politiche Sociali ai sensi degli artt. 72 e 73 del d.lgs. 117/2017 - Codice del Terzo Settore

Il Corso si svolgerà nel periodo 3 ottobre – 27 novembre con cadenza settimanale, e tratterà temi inerenti la cura e l'assistenza delle persone anziane con lezioni coinvolgenti e interattive , condotte da esperti del settore per apprendere nozioni fondamentali per affinare abilità pratiche e relazionali in campo lavorativo e/o familiare , con l'opportunità di interagire con gli altri partecipanti al corso , condividendo conoscenze, esperienze creando una rete di supporto.

In affiancamento al corso è prevista anche la possibilità, per chi avesse bisogno di aiuto con l'italiano, di partecipare al corso on line di italiano per comunicare meglio con i servizi e le famiglie.

Per le informazioni ed iscrizioni mail: fvg@acli.it / tel . 3397731201

In allegato il volantino con i dettagli .

Con gentile preghiera di pubblicazione

Cordiali saluti

Acli fvg aps
La referente di progetto
Valentina Benedetti
3397731201

> Associazioni Cristiane Lavoratori Italiani















## STRENGTHS

- Mutual knowledge among organisations and sharing of approaches and working methods
- Recognition of dialogue as an opportunity to generate new and innovative ideas
- Pooling additional resources and professional expertise to achieve shared objectives

## WEAKNESSES

- Involvement of organisations not rooted in the local area, often unfamiliar to the local population, with the risk of underutilising existing local resources
- Lack of guarantees regarding the continuity of partnerships over time
- Initiatives highly dependent on the availability and duration of project funding

## OPPORTUNITIES

- Expanding and diversifying services and initiatives for the local population
- Establishing and strengthening relationships with previously unknown third sector organisations, with a view to future collaboration
- Encouraging the emergence of new ideas and perspectives to support innovative project development

## THREATS

- Capacity and readiness of stakeholders: Co-design is a complex and structured tool but are local authorities and third sector organisations truly ready to use it effectively?
- This is compounded by significant administrative complexity, which may create uncertainty and act as a barrier to full implementation

# What I have learned from this experience

- Building mutual understanding among professionals—grounded in genuine listening, trust and respect—becomes the foundation of any shared pathway
- Developing a solid and generative method supports long-term evolution and provides consistency in addressing future challenges
- Creating value together—by sharing ideas, skills and energy—is a real strength
- Nurturing and renewing motivation, especially in remote and inner areas, so that it becomes a driver of growth, resilience and new opportunities for local communities. We must remain creative and visionary

# Thank you for your attention



Interreg Italia-Slovenija
SANITAS

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Cooperazione transfrontaliera per predisporre un'azione congiunta in materia di assistenza sanitaria essenziale durante le catastrofi naturali
*Čezmejno sodelovanje za pripravo skupnega ukrepanja na področju osnovnega zdravstvenega varstva ob naravnih nesrečah*

# The evolution of cross-border cooperation in the health sector - from SALUTE/ZDRAVSTVO to SANITAS

*Tanja Dimitrijević, Municipality of Ajdovščina*

*Ezio Benedetti, EGTC GO*



# From Salute/Zdravstvo...

- Sole beneficiary: EGTC GO - European Grouping of Territorial Cooperation
- Integrated Territorial Investment (ITI) project
- Grant: 5.000.000 Eur
- Duration: 01.04.2017 - 20.11.2022





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**Cooperazione transfrontaliera per predisporre un'azione congiunta in materia di assistenza sanitaria essenziale durante le catastrofi naturali**
***Čezmejno sodelovanje za pripravo skupnega ukrepanja na področju osnovnega zdravstvenega varstva ob naravnih nesrečah***

**5 AREAS**

- CB booking service
- Autism
- Physiological pregnancy
- Mental health
- Social inclusion





*Testo del paragrafo*

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***Čezmejno sodelovanje za pripravo skupnega ukrepanja na področju osnovnega zdravstvenega varstva ob naravnih nesrečah***

# OBJECTIVES:

- Creating New Infrastructures
- Signing Cross-Border Protocols
- Establishing Joint Cross-Border Medical Teams
- Providing Cross-Border Health-Care Services






# … to SANITAS

*SANITAS - Cross-border cooperation for joint actions on essential healthcare during natural disasters*



# Project partners

- Lead partner: Municipality of Ajdovščina
- PP2: Primary care Health centre Nova Gorica
- PP3: Public institute for fire and rescue service – Fire unit Nova Gorica
- PP4: Azienda sanitaria universitaria Giuliano Isontina
- PP5: EGTC GO - European Grouping of Territorial Cooperation

# Associated Partners

- Ministry of Health (Slovenia)
- Primary care Health centre Ajdovščina
- Dental centre Nova Gorica
- Primary care Health centre Tolmin
- Goriška pharmacy Nova Gorica
- Day care centre of Nova Gorica
- Civil Protection of the Autonomous Region of Friuli Venezia Giulia

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**Cooperazione transfrontaliera per predisporre un'azione congiunta in materia di assistenza sanitaria essenziale durante le catastrofi naturali**
***Čezmejno sodelovanje za pripravo skupnega ukrepanja na področju osnovnega zdravstvenega varstva ob naravnih nesrečah***

**SANITAS is a standard project on Interreg Italy- Slovenia VI-A 2021-2027 programme**

**Strategic objective:** ISO 1 – Better governance of cooperation

**The overall objective of the project** is to strengthen the institutional cooperation capacity of health organizations and other key actors in the event of natural disasters resulting from climate change.

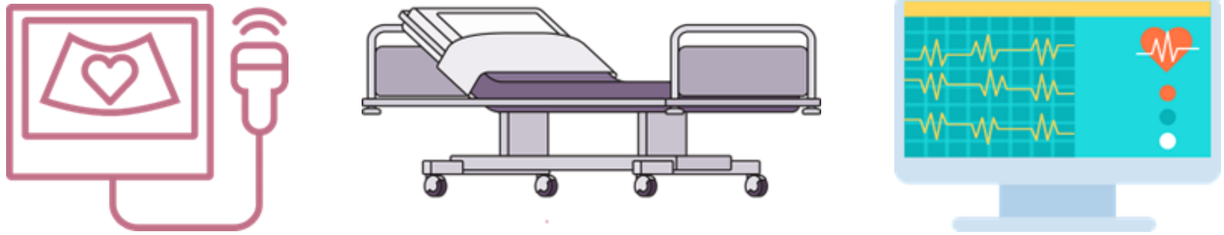
**Duration:***1.6. 2025 – 31. 5. 2027 (24 months)*
**Budget:** *€ 856.411,00*
**ERDF contribution** *€ 685.128,80*

This objective will be achieved through

- **the adoption of a cross-border protocol in the field of primary healthcare** to harmonize disaster response in the cross-border area

- **the preparation of standard operating procedures (SOPs)** as well as organizational and responsibility schemes for cases of activation and use of the protocol

- **improving the equipment of healthcare and rescue institutions**



- **updating language, practical and technical skills, and connecting cross-border teams** in order to increase the availability of essential healthcare for the population in the event of natural disasters

- **a joint exercise** using the cross-border protocol

- **awareness-raising and informative events,** including a social media campaign and dissemination of promotional material, **workshops** and **a final round table**



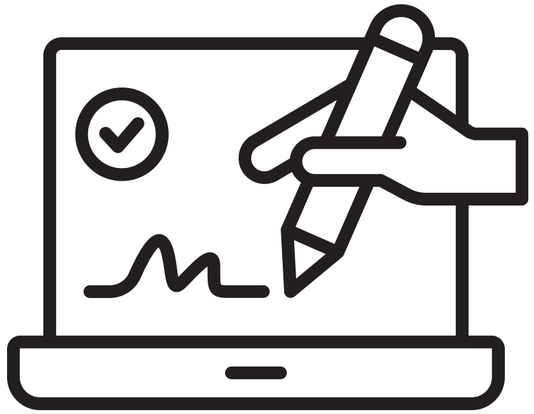







The key feature of this project is

**the signing of**
**a cross-border protocol in the field of primary health care.**



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***Čezmejno sodelovanje za pripravo skupnega ukrepanja na področju osnovnega zdravstvenega varstva ob naravnih nesrečah***

# Thank you for your attention!

**Contact emails:**

tanja.dimitrijevic@ajdovscina.si
ezio.benedetti@euro-go.eu



# Whole Community Approach
# to
# Social Prescribing and Community Connectedness

Jenny Hartnoll
www.linkedin.com/in/jenny-hartnoll-613661b
connect@weareconnectors.org


Frome, Somerset, England
28,000 population

The New York Times

SRF Schweizer Radio und Fernsehen

BBC NEWS

Rai

The Guardian

# The town that's found a potent cure for illness – community

George Monbiot



Frome in Somerset has seen a dramatic fall in emergency hospital admissions since it began a collective project to combat isolation. There are lessons for the rest of the country




'Frome has a buzz of sociability, a sense of common purpose and a
that make it feel quite different from many English market towns.' P

It could, if the results stand up, be one of the mos
breakthroughs of recent decades. It could transf
save lives, and save health services a fortune. Is
surgical procedure? No, it's a newfangled interve
community. This week the results from a trial in the S

The Telegraph



LIFESTYLE

Recipes Food & Drink

The Telegraph

# What can we learn from the town that cured loneliness?

In 2013, the Somerset town of Frome began a pioneering project, which boosted community spirit. In the age of Covid it has come into its own

Laura Powell

Related Topics
Mental health, Loneliness, You are not alone, Telegraph long reads, Telegraph Magazine

19 June 2020 6:00am BST

Gift this article free




From left to right: Sheila Gore, Town councillor and former mayor; Matt Tomlin, Men's Shed member; Jenny Hartnoll, Services lead at Health Connections Mendip; Patrick Abrahams, founder of the Men's Shed; Dr Helen Kingston, GP at Frome Medical Practice Credit: Alice Whitby

It is a crisp, bright spring morning and seven women from the Somerset town of Frome are chatting over cups of tea about how they're spending lockdown...

PresaDiretta

**In Regno Unito una città ha sconfitto la solitudine - 20/10/2024**

St 2024/25 12 min

Social prescribing, ovvero il medico che non prescrive solo farmaci ma gruppi di car
compagnie di conversazione al bar, eventi di ginnastica, incontri per l'elaborazione del lutto. Attività terapeutiche contro la solitudine è la filosofia adottata dalla Gran Bretagna, il primo paese al mondo ad aver istituito il Ministero per la Solitudine. Il reportage di PresaDiretta da Frome, cittadina di 30 mila abitanti diventata famosa come "la città che ha sconfitto la solitudine".

Rai

British Journal of General Practice
bringing research to clinical practice

BMJ https://bjgp.org/content/68/676/e803

**Unplanned hospital admissions (2014-2017)**

Frome: (↓**14%**)
Rest of Somerset: (↑**28.5%**)

What happened in Frome during this period?

What happened in Frome during that period?



Hospital discharge team



Unplanned admissions team



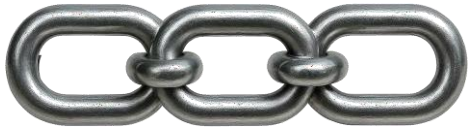
Social prescribing and community development



Independent Town Council

2013
NHS
First non-traditional role
in doctor's practice





1 in 5 appointments
non-medical issues





# Where to start?




**Search by Category**

- Abuse
- Advocacy/Mentoring
- Armed Forces
- Befriending
- Bereavement
- Bladder Conditions and Kidney Systems (Prostate, Continence)
- Cancer
- Carers
- Christmas
- Chronic Musculoskeletal Issues and Fatigue
- Counselling and Therapy
- Creative Wellbeing
- Dementia
- Diabetes
- Digital Skills, Support and Information
- Disability
- Drugs, Alcohol and Addictions
- Eating Disorders
- Employment
- End of Life Care
- Exercise
- Falls
- Families, Parenting and Young Children
- Financial Wellbeing
- Food, Cookery and Growing
- Green Social Prescribing
- Gut Health and Digestive Problems
- Healthier Eating
- Healthy Weight
- Hearing
- Heart/Cardiac
- Heating/Energy Efficiency
- Help at Home
- Heritage Wellbeing
- Home from Hospital
- Home Safety
- Housing Support
- Learning
- Learning Difficulties
- Leg Health
- LGBTQI+
- Lung Conditions
- Men's Health
- Menopause
- Mental Health Services
- Mental Wellbeing Self-Help
- Mobility
- Nature Wellbeing
- Neurodiversity
- Neurological (Brain Injury, Parkinson's, Multiple Sclerosis, Stroke, MND Epilepsy)
- Pain Management
- Pets
- Planning Ahead for End of Life
- Refugees
- Self Management/Self care
- Sexual Health
- Sight
- Sleep
- Smoking
- Social Wellbeing
- Staying well in winter
- Stress, anxiety and depression
- Suicide prevention
- Transport
- Volunteering
- Women's Health
- Young People
- Your Appointment

There are **85 services** and **4 resources**

Dates may change at short notice. It's best to check with the provider beforehand.

## Monday

All




**Woman Walk&Talk ...**
once a month




**Lunch meeting at th...**
once a month




**Creative Monday IN...**
3 times per month




**K-Pop**
once a week




**THE CLASS Dance ...**
once a week



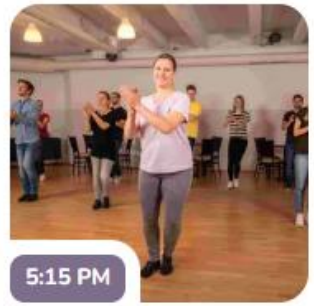

**Rugby Club RGBG ...**
2 times per week

## Tuesday

All




**Creative workshop ...**
once a month



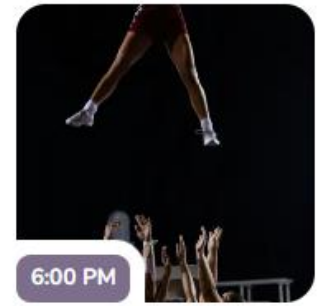

**Modern Line Dance**
once a week




**Jujutsu**
5 times a week




**Women's Circle**
once a month




**Cheerleader Green ...**
2 times per week




**Regensburg Phoeni...**
2 times per week



**GPs and practice staff**



**Other professionals eg library, housing, public health and voluntary sector**



**Formal and informal ‘volunteer’ roles**



**Citizens and communities**



**Social Prescribing Link Workers or similar paid roles**



...and map training







# BARRIERS → SOLUTIONS

| BARRIERS | SOLUTIONS |
| --- | --- |
| Lack of services, projects or opportunities | Build with the community to create what's needed |
| Practical barriers (money, transport, digital) | Build solutions at individual and community level |
| Services, projects, support exist not accessible | Work with services to help them become more accessible |
| Citizens don't know what is available | Map what is available and share information: 'many ways to many' |
| Citizens have low confidence to access support | Help tap into and build support network of trusted relationships |
| Citizens have low awareness of the benefits of connection | Run town-wide campaigns to build understanding, interest and trust. |

**No knowledge of what's available**

→ Share information: 'many ways to many'



Website directory



Talking Cafe



Talking Bench

**No knowledge of what's available, practical barriers and low confidence**
→ Social prescribing link worker



**No knowledge of what's available, low confidence/trust and way for community to be involved**

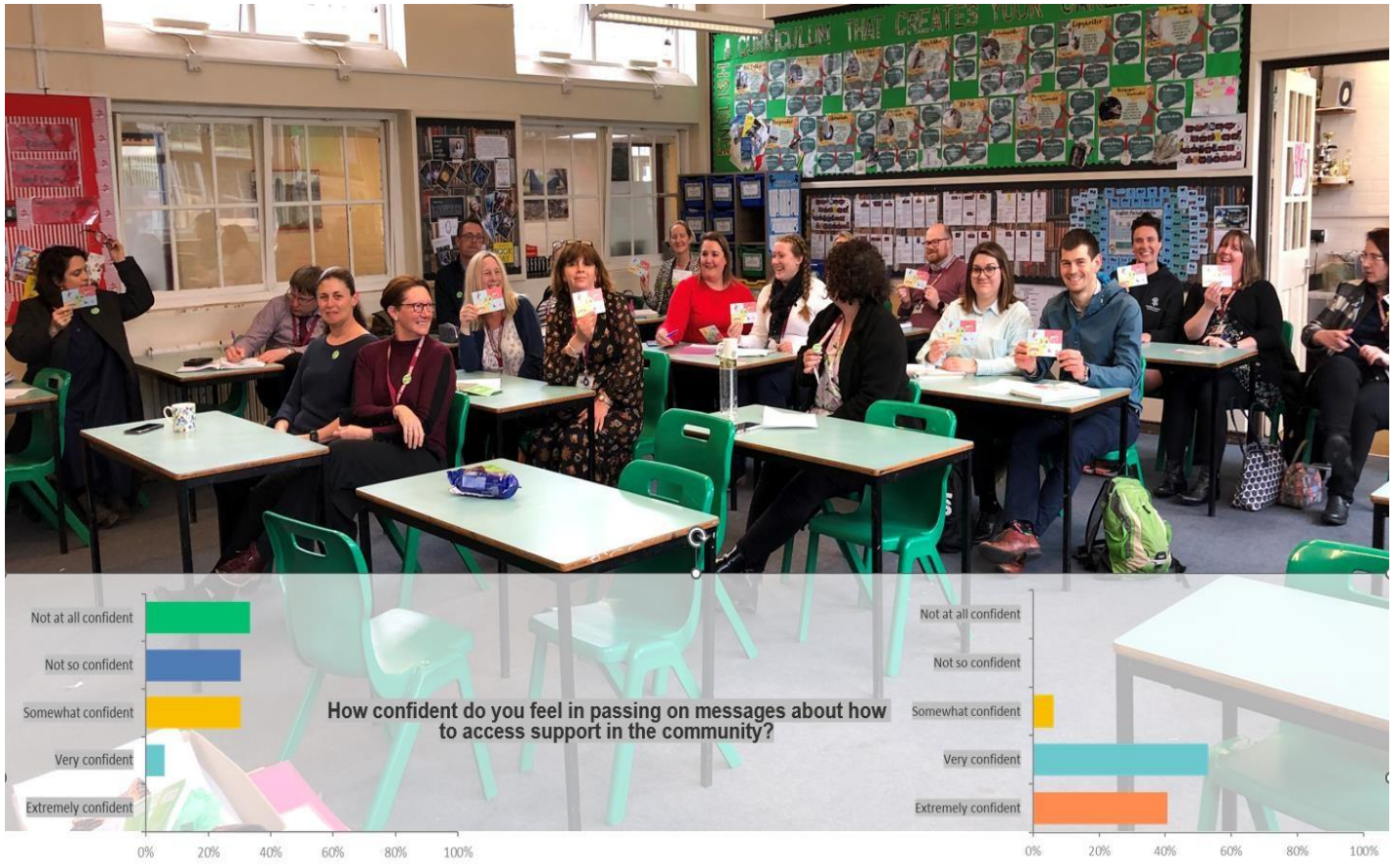
→ Citizen Community Connectors



Barbers



Doctor

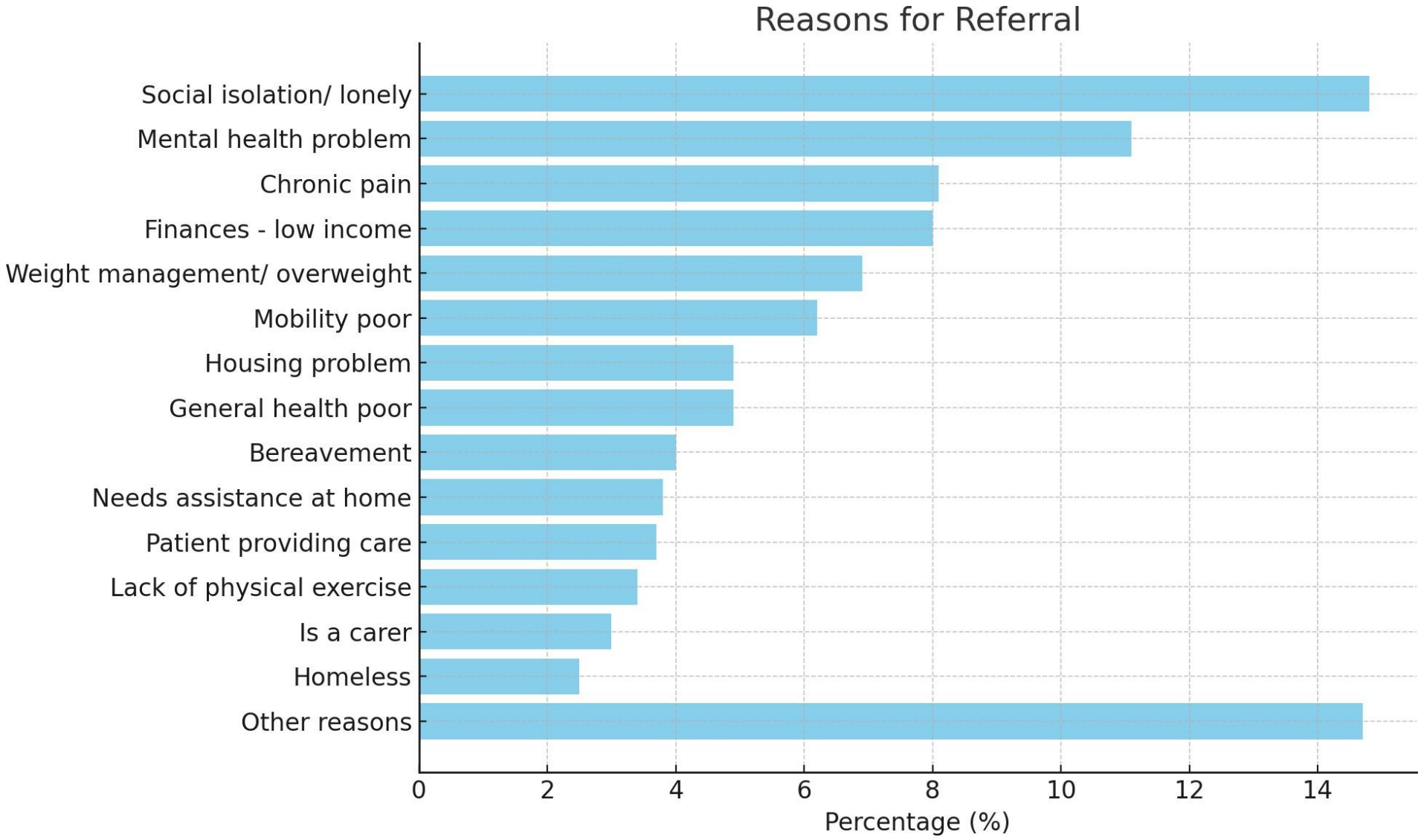



Teachers



Support group members

2,760


Reasons for Referral
Social isolation/ lonely
Mental health problem
Chronic pain
Finances - low income
Weight management/ overweight
Mobility poor
Housing problem
General health poor
Bereavement
Needs assistance at home
Patient providing care
Lack of physical exercise
Is a carer
Homeless
Other reasons
0
2
4
6
8
10
12
14
Percentage (%)

**77%**



Believe they contact their GP practice less often

**88%**



Of-those with long-term conditions, feel more able to manage it

**89%**



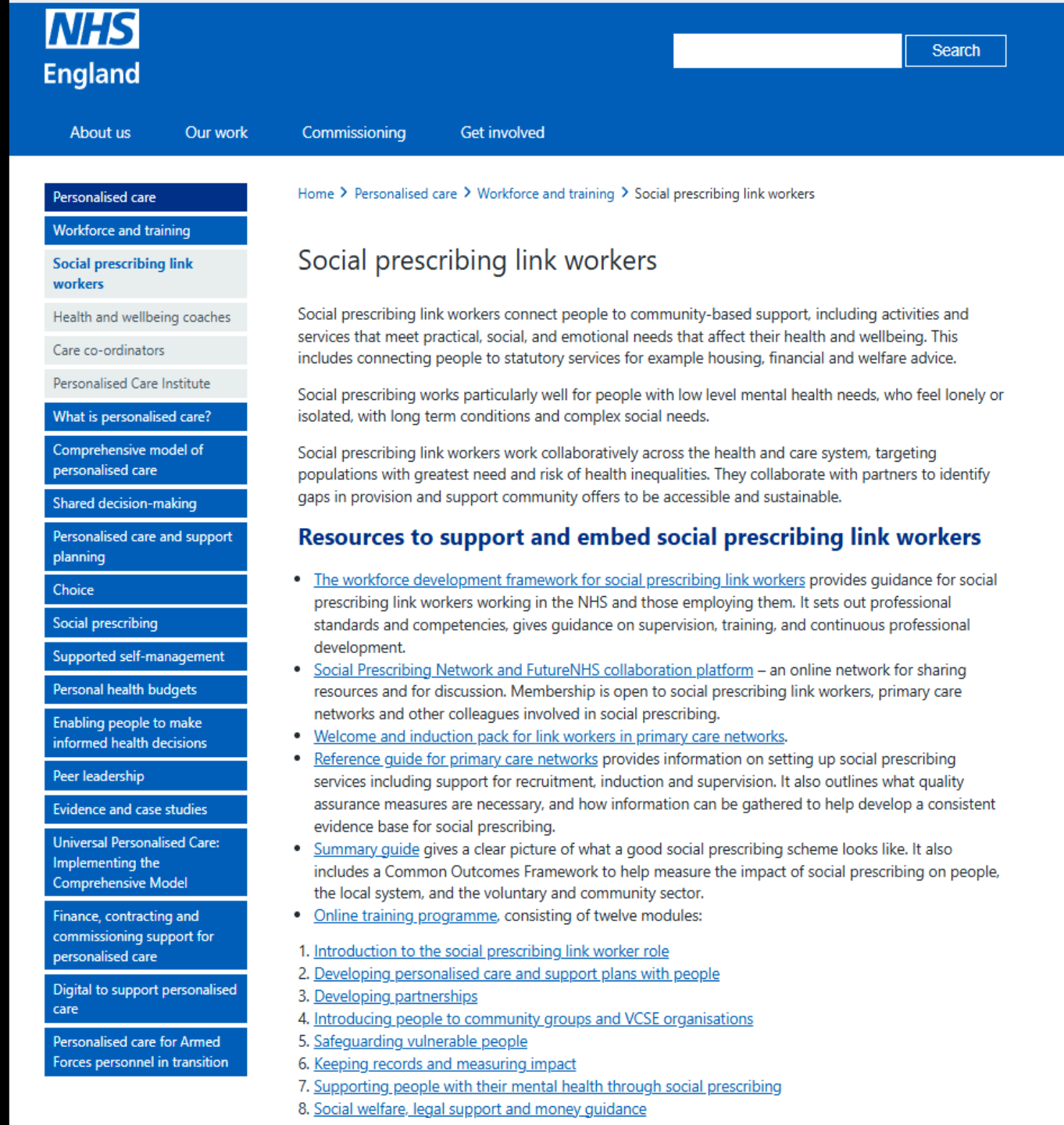
Feel more able to access support in their community

# Social prescribing in England

2019 Social Prescribing Link Workers part of NHS
Can be employed by GP practices

Job descriptions
Social prescribing framework
Welcome and induction packs
Training





NHS England

Search

About us | Our work | Commissioning | Get involved

- Personalised care
- Workforce and training
- Social prescribing link workers
- Health and wellbeing coaches
- Care co-ordinators
- Personalised Care Institute
- What is personalised care?
- Comprehensive model of personalised care
- Shared decision-making
- Personalised care and support planning
- Choice
- Social prescribing
- Supported self-management
- Personal health budgets
- Enabling people to make informed health decisions
- Peer leadership
- Evidence and case studies
- Universal Personalised Care: Implementing the Comprehensive Model
- Finance, contracting and commissioning support for personalised care
- Digital to support personalised care
- Personalised care for Armed Forces personnel in transition

Home › Personalised care › Workforce and training › Social prescribing link workers

## Social prescribing link workers

Social prescribing link workers connect people to community-based support, including activities and services that meet practical, social, and emotional needs that affect their health and wellbeing. This includes connecting people to statutory services for example housing, financial and welfare advice.

Social prescribing works particularly well for people with low level mental health needs, who feel lonely or isolated, with long term conditions and complex social needs.

Social prescribing link workers work collaboratively across the health and care system, targeting populations with greatest need and risk of health inequalities. They collaborate with partners to identify gaps in provision and support community offers to be accessible and sustainable.

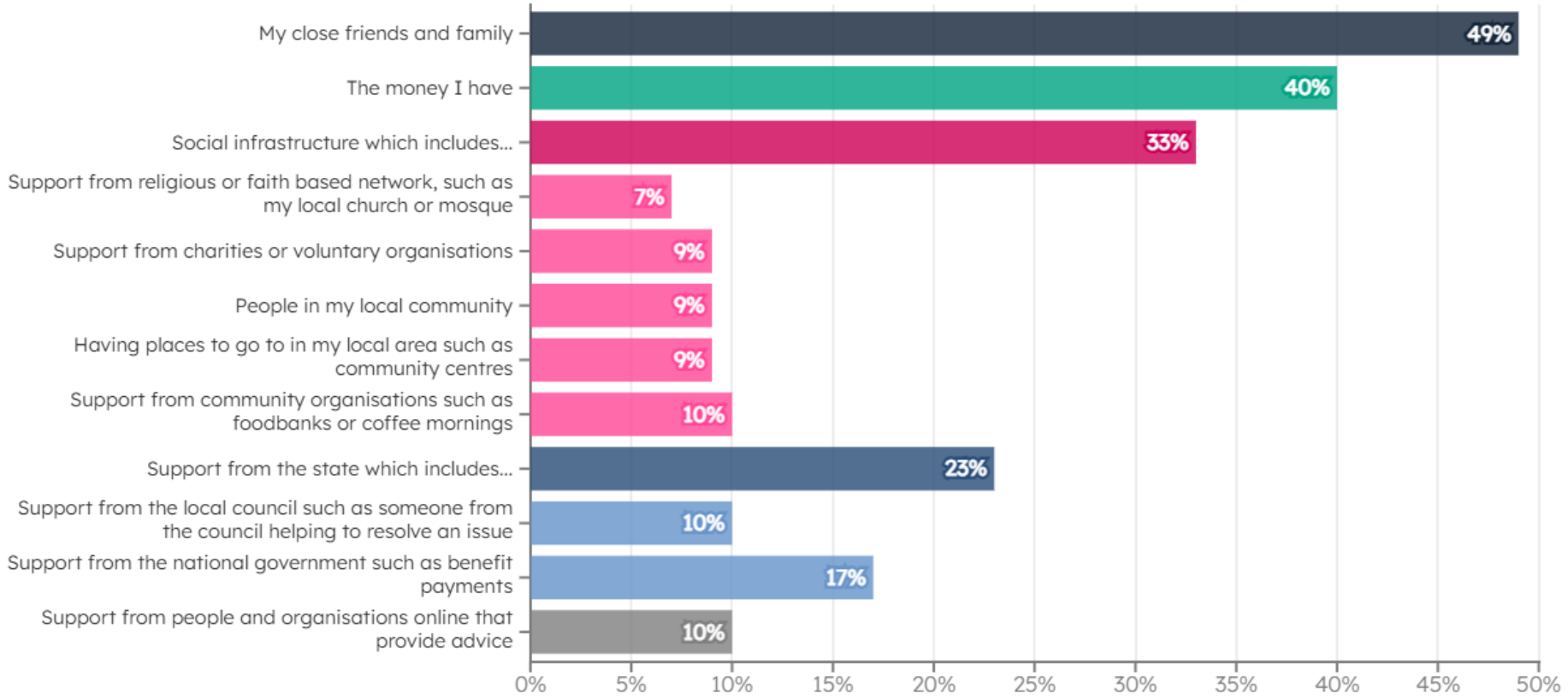
### Resources to support and embed social prescribing link workers

- The workforce development framework for social prescribing link workers provides guidance for social prescribing link workers working in the NHS and those employing them. It sets out professional standards and competencies, gives guidance on supervision, training, and continuous professional development.
- Social Prescribing Network and FutureNHS collaboration platform – an online network for sharing resources and for discussion. Membership is open to social prescribing link workers, primary care networks and other colleagues involved in social prescribing.
- Welcome and induction pack for link workers in primary care networks.
- Reference guide for primary care networks provides information on setting up social prescribing services including support for recruitment, induction and supervision. It also outlines what quality assurance measures are necessary, and how information can be gathered to help develop a consistent evidence base for social prescribing.
- Summary guide gives a clear picture of what a good social prescribing scheme looks like. It also includes a Common Outcomes Framework to help measure the impact of social prescribing on people, the local system, and the voluntary and community sector.
- Online training programme, consisting of twelve modules:

1. Introduction to the social prescribing link worker role
2. Developing personalised care and support plans with people
3. Developing partnerships
4. Introducing people to community groups and VCSE organisations
5. Safeguarding vulnerable people
6. Keeping records and measuring impact
7. Supporting people with their mental health through social prescribing
8. Social welfare, legal support and money guidance

**Figure 1: Social infrastructure supports people when times are tough**

Which of the following most helps you to get back on your feet when times are hard? Please choose up to 3 options.




Source: More in Common, 2025
Note: Figures may differ from raw data due to rounding

https://www.jrf.org.uk/neighbourhoods-and-communities/why-social-infrastructure-matters-for-economic-security

| | |
|---|---|
| Health & survival | Individuals with adequate social relationships have a **50% greater likelihood** of survival over time which is an effect comparable to well-established risk factors such as smoking. |
| Clinical risk | Social isolation increases risk of: Heart disease by **29%**. Stroke by **32%.** |
| Recovery & discharge | People with higher social connectedness are more likely to recover well and be discharged home from hospital successfully. |
| Healthcare system pressure | Loneliness is associated with: **15%** higher emergency department use.<br>**13%** higher hospital admissions.<br>Social isolation linked to substantially higher hospital admissions. |
| Inequality & social capital | In neighborhoods with similar deprivation, those with stronger social infrastructure have about **5%** fewer people reporting poor health and **5%** fewer people reporting insecure work. |
| Economic value | Social infrastructure delivers **~£3.50** return for every **£1** invested. |

**Improves health, wellbeing and system outcomes**

**We can all be involved**

**It doesn't cost that much**

**We are building back what always used to be there**

**We can't afford to ignore it**

Thank you
Jenny Hartnoll



connect@weareconnectors.org

**Health & survival**
Individuals with adequate social relationships have a 50% greater likelihood of survival over time which is an effect comparable to well-established risk factors such as smoking.

**Clinical risk (biological impact)**
Social isolation increases risk of: Heart disease by 29%. Stroke by 32%

**Recovery & discharge**
People with higher social connectedness are more likely to recover well and be discharged home from hospital successfully

**Healthcare system pressure**
Loneliness is associated with: 15% higher emergency department use. 13% higher hospital admissions
Social isolation linked to substantially higher hospital admissions

**Inequality & social capital**
In neighborhoods with similar deprivation, those with stronger social infrastructure have about 5% fewer people reporting poor health and 5% fewer people reporting insecure work.

**Economic value**
Social infrastructure delivers ~£3.50 return for every £1 invested

**Sources (in correct order)**
Holt-Lunstad et al., *PLoS Medicine* (2010):
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000316
U.S. Surgeon General Advisory (2023):
https://www.hhs.gov/surgeongeneral/reports-and-publications/connection/index.html
Journal of the American Medical Directors Association (2025):
https://www.sciencedirect.com/science/article/pii/S152586102500341X
Systematic review & meta-analysis (social isolation & healthcare use, 2025):
https://www.researchgate.net/publication/398559132
Joseph Rowntree Foundation (Pride in Place):
https://www.jrf.org.uk/neighbourhoods-and-communities/pride-in-place-funding-gaps-and-capacity-challenges
Independent Commission on Neighbourhoods (ICON report):
https://www.neighbourhoodscommission.org.uk/wp-content/uploads/2025/12/ICON-Social-Infrastructure-and-Social-Capital-report-FINAL.pdf

CP521
CENTAR PODRŠKE
CENTRO DI SOSTEGNO

GRAD PULA
CITTÀ DI POLA

# SUPPORT CENTRE 521 – A NEW SOCIAL SERVICE IN THE COMMUNITY

Pula, 5.5.2026.

# The beginnings of the idea

| PROJECT AND IDEA 19.5.2016. | |
|---|---|
| **No.** | *<enter scheme number from List>* |
| **Scheme name** | *Improvement and networking of social services in the community* |
| **ITU specific objective** | *9iv2* |
| **EU fund** | ☐ ESF |
| **User** | *City of Pula-Pola Administrative Department for Social Activities* |
| **Estimated total value** | *20,000,000 kn* |

# SCHEME DESCRIPTION

*The project intends to develop an individual approach to personal assistance services, day care centers, clubs and mobile teams for people with disabilities, the elderly, children and young people with behavioral disorders or without adequate parental care, and the homeless .*

***The general goal of the project was to improve access and expand existing social services in order to strengthen the independence and greater inclusion of vulnerable groups in community life. The specific goal was the networking of existing social services and their expansion to the entire population of the urban agglomeration of the City of Pula****.*

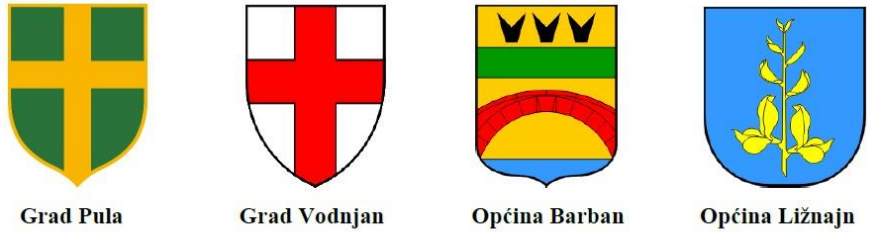
*The project approached with common tools and models for establishing a sustainable system of support for vulnerable groups by identifying existing services and integrating them into a network of polyvalent services. Upgrading and expansion for more comprehensive assistance and support should have been ensured through various activities such as day care, individual personal services, mobile teams, inclusive volunteering and preparation for work inclusion and public awareness and their active involvement. Cooperation with experts from non-profit organizations, associations, NGOs, local governments, social welfare centers and civil society representatives is envisaged .*

***The planned activities were*** *: counseling services through the provision of legal, social, psychological, pedagogical, and direct user support. The next activity was the organization of half-day and day stays and clubs that should include different areas of activity: nutrition, care, health care, social work, psychosocial rehabilitation, physical therapy, occupational therapy, work activities, active spending of time, upbringing and education, depending on the identified needs and choice of the user. The third activity was the organization of mobile teams that will provide individual assistance and care services, organized transportation, half-day and day stays and clubs.*

*The main effects of the project were, first of all, a sustainable integrated model of providing services and assistance in the community according to the individual needs of all beneficiaries.*
*The innovativeness of the project was visible in our approach -* ***individualized work with target groups,*** *networking and expansion of social services,* ***creating conditions for systematic addressing of needs and using community resources for maximum effect in achieving conditions for beneficiaries.***

# Integrated territorial Investment (ITI MECHANISM)
# OPERATIONAL PROGRAMME "EFFECTIVE HUMAN POTENTIALS" 2014. – 2020.

**Urbano područje Pula**



Grad Pula | Grad Vodnjan | Općina Barban | Općina Ližnajn



Općina Marčana | Općina Medulin | Općina Svetvinčenat

# Specific objectives of the Call

Goal 1

- Develop/improve social services and programs for active social inclusion and/or increasing the employability of vulnerable groups

# Target groups of the Call for Proposal

- People from 54  years old
- People with disabilities

The project "SUPPORT CENTRE 521" was submitted by the City of Pula - Pola with the support of other cities and municipalities from the urban area of the PULA agglomeration, which included the cities of Pula and Vodnjan and the municipalities of Barban, Ližnjan, Marčana, Medulin and Svetvinčenat.

**The project was applied on February 15, 2021, as part of the Integrated Territorial Investment mechanism**, to the call for tender - Active inclusion and improvement of employability and development of innovative social services for vulnerable groups.

Project leader: City of Pula-Pola
Project partners: Croatian Red Cross-City Red Cross association Pula, Association of Physical Disability persons of Southern Istria and Muscular Dystrophy Association of Istria-Pula

Realized value of the project by decision of the Ministry: 2,563,680.34 kn – 349. 038.00 EURa
EU co-financing rate: 100%
Implementation period: 25.05.2021. - 25.05.2023.

The project developed an innovative social service in the Urban Area of Pula as a response to the recognized lack of social services in the community, the uneven representation of individual services among service providers, and the problem of dispersion of existing services in the community, all in order to encourage the active and equal inclusion of vulnerable groups in community life.

The purpose of this innovative service was to network and standardize existing social services in the community with the aim of providing services to citizens as efficiently and quickly as possible, as well as relieving the burden on the service provider system.

The project activities envisaged:

1. opening the Support Centre 521 (CP521), which would provide social services of counseling and assistance, organizing support activities and psychosocial support in a place that was fully adapted to all citizens

2. developing a program (digital) platform that solved the problem of inaccessibility of information channels and unadaptability of communication and media content to people with disabilities and the elderly as target groups of this project, but in sustainability, it was intended for the citizens of the Pula agglomeration

3. informing the public about the activities of CP521 and the importance of actively including vulnerable groups in community life
- workshops with target groups, peer to peer counseling, intergenerational solidarity workshops

Three employees were employed and trained at the Centre.

The project contributed to solving problems highlighted by the following associations and NGO-s:

- lack of a comprehensive and systematized information service in local community

- the inaccessibility of information channels, and the inadequacy of communication and media content for people with disabilitoes and the elderly.

The project envisaged the creation of the CP521 Program Platform and the establishment of the "Support 521" telephone line through which users would be able to access the requested information from the comfort of their home and with significant time savings, free of charge, and all service needs would be organized on their behalf with service providers in the community in order to resolve their problem or need for a specific social or health service as quickly and as targeted as possible.

In Support Centre 521, various educations and workshops and "Peer to peer" consultations were  held , which was a novelty in terms of personalization of the new social service offered .
The expected benefits of such an approach for users should had been  a reduction in psycho-emotional stress, a reduction in social exclusion, and an increase in feelings of self-esteem and inclusion.

In order to improve access to social services, they needed to be developed and improved, in which associations as providers of social services , institutions that provide social and health services played an important role.

Centre 521 would serve to connect all needy citizens of the urban area with community service providers and local government.

CP521
CENTAR PODRŠKE
CENTRO DI SOSTEGNO

GRAD PULA
CITTÀ DI POLA

# What did we do during the project implementation?

# Adapted the place of Centre support

- The City of Pula has allocated a 20 m² place at Zagrebačka Street 18.
- The project documentation for the adaptation of the place was prepared, the place was fully adapted to people with disabilities
- Renovation works began on April 27, 2022. and were completed at the end of September 2022.
- The funds spent for this purpose are 59,913.00 Euros.

# Place before renovation





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# Place before renovation





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# The Place after renovation





# Place after renovation





# Place after the opening of the 521 Centre






# Place after the opening of the 521 Centre






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# Place after the opening of the Centre 521





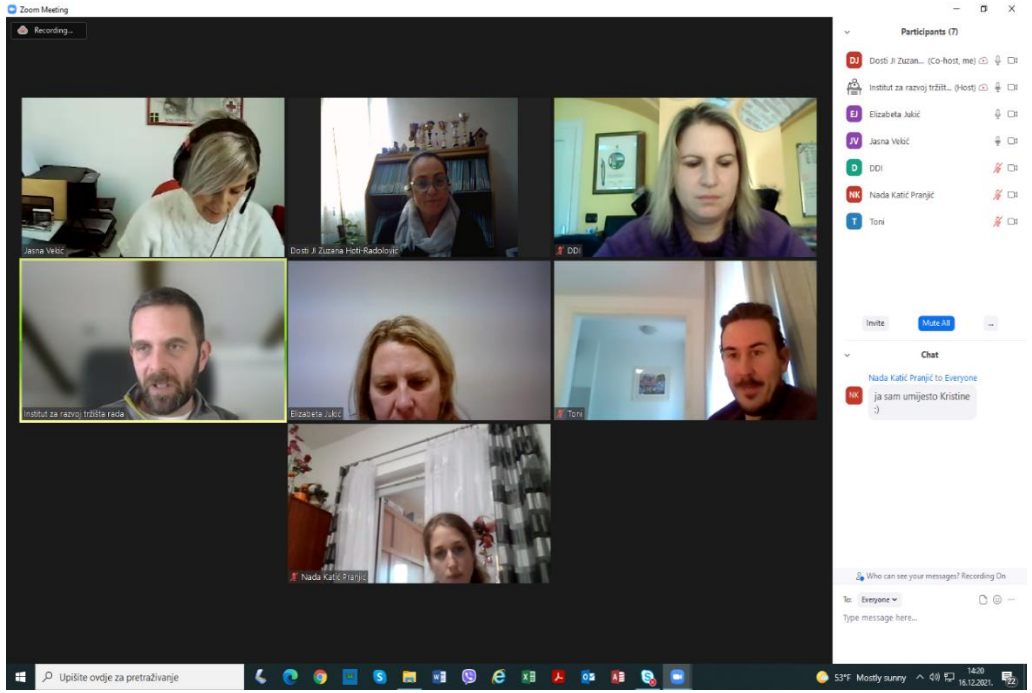
# 2. Developed Program and work protocol for Support Centre 521

- The Protocol represented the fundamental document according to which the work of the Center would be organized, the work program would be adopted, and the job description, division of duties and responsibilities of each employee , all were systematized.
- We began developing the protocol on September 23, 2021, when the first online workshop was held.
- This was followed by a "live" workshop on  21.10.2021. to which we also invited representatives of local authorities, social welfare associations and other stakeholders to obtain information on the challenges they face when it comes to social services for our target group and how **Support Centre** 521 can contribute to solving these challenges.
- The program and work protocol was completed at the 8th workshop, December 8, 2022.

CP521
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# Creating programs and work protocols for Support Centre 521






# 3. Psychosocial support workshops (life skills training)

- A cycle of 20 training sessions was held from May 16 to June 30, 2022.
- More than 60 users participated, divided into 5 groups.
- The training took place through 4 modules during which the participants learned about the concepts of life skills, became aware of their personal strengths, flexibility in approaching the world around them, and the ability to adapt to different circumstances, and became empowered to solve problems, deal with challenges, and make decisions.
- The feedback has been extremely positive. Participants particularly highlighted the need for further training and how this was an opportunity for them to experience collaborative learning in a safe environment.
- Among the participants were people residing in the cities of Pula and Vodnjan and the municipalities of Marčana, Medulin and Ližnjan.
- The participants once again confirmed to us that ensuring accessible transportation for this user group was of utmost importance and that it was almost impossible for them to participate in any activities without such a service.

# 3. Psychosocial support workshops (life skills training)



1st group



2nd group

# 3. Psychosocial support workshops (life skills training)



3rd group



4th group

# 3. Psychosocial support workshops (life skills training)



5th group




5th group

# 4. Development of a software platform SUPPORT 521

- After previous consultations, on May 24, 2022, a public procurement for software platform development services was announced.
- This activity plans to create a website, live chat, establish a telephone line, and design a software platform.
- Partners have worked for months to collect information on existing social services in the Urban teritory of aglomeration of Pula, which would be the basis for the creation of a Catalog of Social Service Providers.
- Development of the "Support Centre 521" application based on the principle of central unification and cataloguing of all social service providers in the Pula area, which will enable review and obtaining information and speed up the process of obtaining a specific service for target groups.
- Employee education and updating and maintenance of the application were also planned. User support for **Support Centre** 521 employees was also planned. The development of the platform ensures information accessibility for the elderly and People with disabilities. Platform materials were adapted to the target group.

# 4. Development of a software platform SUPPORT 521

- The application was nearing completion, had been placed in a test environment, and was fully functional in January 2023.
- At the same time, the server we acquired from the project activities and configured to store all data on users and service providers in accordance with GDPR.
- The application also provides a series of reports that statistically monitor the number of users who contacted **Support Centre** 521, the number of inquiries, and assigned providers of services on a monthly and annual basis.
- The website was created http://cp521.pula.hr/
- Email address: cp521@ pula.hr
- Phone number: **052/521-522**

# 4. Education of employees on target groups

- The trainings envisaged by the project activities referred to the target group of people with disabilities and those over 54 years  and the employees of the Support Centre 521 as experts responsible for implementing activities to expand and improve the provision of social services.
- A total of 7 participants from target groups participated in the training
- The cycle of education included lectures, exercises, discussion, application of tests and analysis of results.
- The main goal of the education was to acquire new knowledge and skills of employees for members of the target groups, to learn about different attitudes towards people with disabilities and ways to avoid stigmatization by encouraging understanding, tolerance and respect for diversity, and to learn about the psychological aspects of ageizam .

# 5. Information, consultation and assistance in the field of urban area of Pula

- CP521 employees was to  go to municipalities and cities in the Urban area of Pula to provide the same services to citizens of the surrounding municipalities and cities of the Pula agglomeration who are unable to come to the Support Centre for various reasons, i.e. the purpose is to provide equal access to citizens.
- Further intention was also to meet with representatives of social service providers operating in the area and with potential users of CP 521 services.
- The goal is to obtain information about the needs of residents in each local government area and present the work of CP521.
- Cooperation was also agreed in terms of delegating a representative from each local government unit who will be responsible for communication and organizing the arrival of Support Centre employees to their area, who must be accessible to people from vulnerable groups.

# " Peer to peer " counseling and Intergenerational Solidarity Workshop

- Peer to peer counseling - or counseling at the same level by which members of user groups should provide help and support to people with disabilities and people over 54 years as a novelty in the form of a personalized service

- The Intergenerational Solidarity Workshop was an activity that was planned which purpose was to invite 3rd and 4th grade high school students and younger volunteers to teach, demonstrate and educate senior citizens and people from vulnerable groups on how to use smartphones, use the internet or send e-mail.



# Opening of the 521 Support Centre

- Support Centre 521 opened **on November 10, 2022**
- **Centre working hours: Monday to Friday from 08:00 to 18:00**








# CP521 operation after opening

- Joint financing of the innovative service of all cities and municipalities that were part of the agglomeration for Integrated Territorial Investment was agreed upon
- The annual cost of the Support Centre is 100,000.00 Euros – salaries of two employees who are employees of the project partner associations – this is a reflection of the unique model of network management between Local Self-Government Units and NGO's.
- This management model is a unique example presented by the Faculty of Law, University of Zagreb, which has become a partner of the City of Pula and the 521 Support Centre.
- The agreement between the Faculty of Law and the City of Pula is that Law Clinic students come to Support Center 521 to provide free legal assistance based on the Law on Free Legal Assistance
- This way, citizens who are of lower socio-economic status and do not have the money for lawyers are helped to resolve all legal problems in this way. The service is fully available to all citizens of the Pula agglomeration.
- The model of innovative social services is unique in the European Union and is compatible with Strategic Objectives 3 and 4 of the "Global Strategy on Integrated People-Centred Health Services 2016-2026. Placing people and communities at the centre of health services made by the World Health Organisation".

# CP521 operation after opening

- This made us the only local self-government unit that applied an individualized approach to every citizen who needs a service
- Person is placed at the center of attention/focus
- As a local government unit ,in accordance with the legislation of the Republic of Croatia, we have integrated this innovative service into the city's acts, placing it in the Decision on Social Welfare of the City of Pula - Pola as above-standard.
- Through the IT platform, we record every citizen who requests help and service, every service that we do not have but citizens need
- We fill the service base on daily basis, and in this way, we find out about the services that citizens necessarily need that we do not have
- These are the foundations for adequate social planning, developing models of new services in the community

# CP521 operation after opening

- The 521 Support Centre is very well recognized and accepted by citizens, as well as all stakeholders in the local environment, and through an inter-sectoral and interdisciplinary approach, it helps people and at the same time saves time and resources.
- Various workshops and supervisions are held in the center to assist helpers who work in the field of social care and health
- Employees of the 521 Support Centre continuously present the work service and purpose of the 521 Support Centre in schools, colleges, and various target groups of citizens, as well as provide training on dealing with vulnerable groups to employees of cultural institutions, museums, and other organizations.
- An IT platform upgrade is planned.

- Why this 521?
- Because it is the area code and postal code of all members of the Pula Agglomeration
- Meaningful, Concrete, Memorable

CP521
CENTAR PODRŠKE
CENTRO DI SOSTEGNO

GRAD PULA
CITTÀ DI POLA

*Thank you for your attention!*

IMPULSO

Integração e melhoria dos cuidados baseados na população por meio da gestão das ULS e sua organização

World Health Organization
European Region

REPÚBLICA PORTUGUESA
SAÚDE

ACSS ADMINISTRAÇÃO CENTRAL DO SISTEMA DE SAÚDE, IP

Funded by the European Union

# IMPULSO project

## Integração e melhoria dos cuidados baseados na população por meio da gestão das ULS e sua organização

## Integration and improvement of population-based care through the management of LHUs and their organizational structure

**Gian Matteo Apuzzo**
Technical Officer on PHC Models and Systems
WHO European Center for PHC

SOSPHERE TRANSNATIONAL WORKSHOP
**05 May 2026**

World Health Organization
European Region

REPÚBLICA PORTUGUESA
SAÚDE

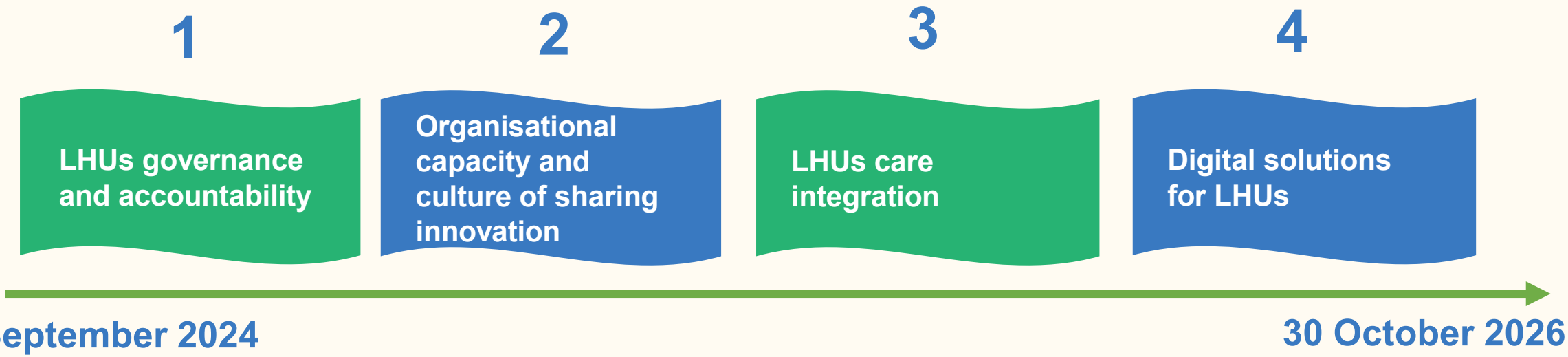
ACSS ADMINISTRAÇÃO CENTRAL DO SISTEMA DE SAÚDE, IP

IMPULSO

# Components and milestones:
## Integrated care through LHUs

The goal: **full implementation of Local Health Units in Portugal,** ensuring the centrality of:

- population-based approach
- primary health care
- continuity of the patient journey through stronger vertical and horizontal coordination




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IMPULSO

# Main ouputs

I. **Evidence-based policy solutions** (frameworks, tools and recommendations) are developed to strengthen LHU's **governance and accountability** (activities: governance assessment, national KPIs, and roadmap for implementation)

II. **Governance and organisational development capacities of the Local Health Units** strengthened though capacity building and knowledge management tools and activities (activities: 1) strategic planning course for LHUs, 2) requirements developed for LHU performance dashboards, 3) series of webinars as a regular platform for exchange; 4) annual meetings to share innovation and implementation insights

III. LHUs are equipped with tools and mechanisms for **care integration** (activities: 2 online courses: on integrated care and on care pathways and Train-the-Trainer course)

IV. **Digital solutions** are enhanced for **LHU care coordination** (activities: assessing interoperability and data flows for integration)

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IMPULSO

Integração e melhoria dos cuidados baseados na população por meio da gestão das ULS e sua organização

World Health Organization
European Region

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ACSS ADMINISTRAÇÃO CENTRAL DO SISTEMA DE SAÚDE, IP

Funded by the European Union

# Local Governance in Health: How can Local Health Units mobilize local action to improve population health?

UNIDADE LOCAL DE SAÚDE
NORDESTE

Cristina Nunes
Filipa Faria

on behalf of Working Group

# Local Health Units – Person-Centred Care Management

- With the Local Health Units (LHU), there is a paradigm shift, with a harmonized integration of care
- Person-Centred care at the apex of the care pyramid
- This is a participatory, co-creative, structured and integrative process, requiring horizontal complimentarily.
- It should be based on a premise of sustainable operational capacity.

# Local Health Units – Person-Centred Care Management

**It should follow a model that effectively translates into health gains:**



# Local Health Units – Person-Centred Care Management

**Strategic planning grounded in social responsibility towards the community:**



# Local Health Units – Person-Centred Care Management

Promote the empowerment

Respond to users' needs

Developed in partnership

# Local Health Units – Person-Centred Care Management



# Health Literacy Project in the District of Bragança




IMPULSO

Integração e melhoria dos cuidados baseados na população por meio da gestão das ULS e sua organização

REPÚBLICA PORTUGUESA SAÚDE

SNS SERVIÇO NACIONAL DE SAÚDE

DGS desde 1899 Direção-Geral da Saúde

ULSNE UNIDADE LOCAL DE SAÚDE DO NORDESTE EPE

# Health + closer to you

Working Group

- Adelaide Baptista (ULSNE) – Nurse Manager / Adviser to the Nursing Directorate of ULSNE – Project Coordinator
- Ana Luísa Pinto (ULSNE) – Public Health Specialist Physician
- Anabela Martins (ULSNE) – Nurse Manager / Coordinator of the Community Care Unit (UCC) Domus, Bragança
- Filipa Faria (ULSNE) – Medical Diretor
- Manuela Santos (ULSNE) – General and Family Medicine Physician / Director of Primary Health Care at ULSNE (until August 2023)
- Miguel Arriaga (DGS) – PhD in Psychology / Head of the Health Literacy, Health and Well-being Division at DGS
- Miguel Rebelo (ULS Matosinhos) – General and Family Medicine Physician
- Rui Ferreira (ULSNE) – Public Health Specialist Physician / Head of the Health Promotion Area of the Public Health Unit at ULSNE
- Sofia Rodrigues (ULSNE) – Middle Management / Planning and Control Office
- Teresa Batista (ULSNE) – Senior Officer / Internal Audit Department

# Health + closer to you

endorsement of the Directorate-General of Health (DGS)

**AIM**:

Increase **Digital Health Literacy** in using the National Health Service (SNS) digital platform

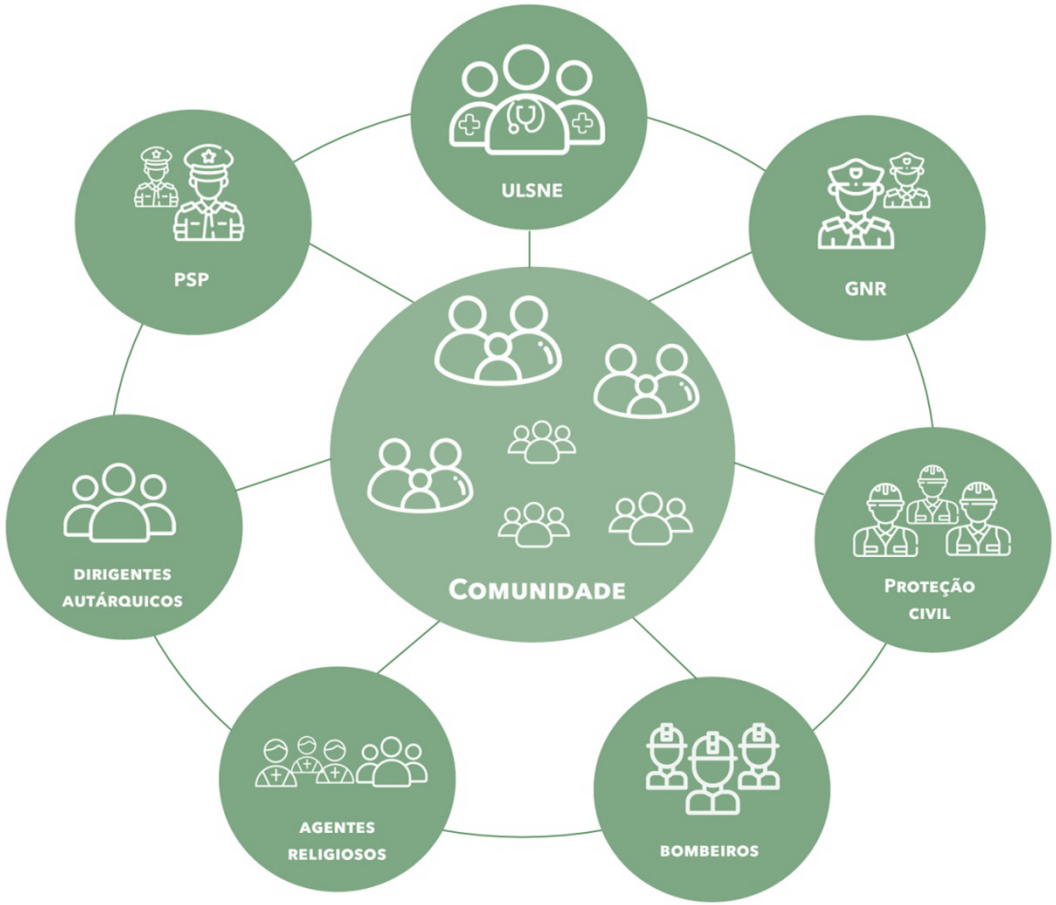
**HOW**
through two processes:

Healthcare Professionals Intervention – Community Care Units

Social Mobilisation

- Local authority leaders
- Religious members
- Police officers
- Firefighters - first responders
- Civil Protection Office

# Health + closer to you




Aims to disseminate information about the healthcare services available within the ULSNE catchment area.

Used official sources and involved respected community micro-influencers to effectively disseminate messages to different audiences.

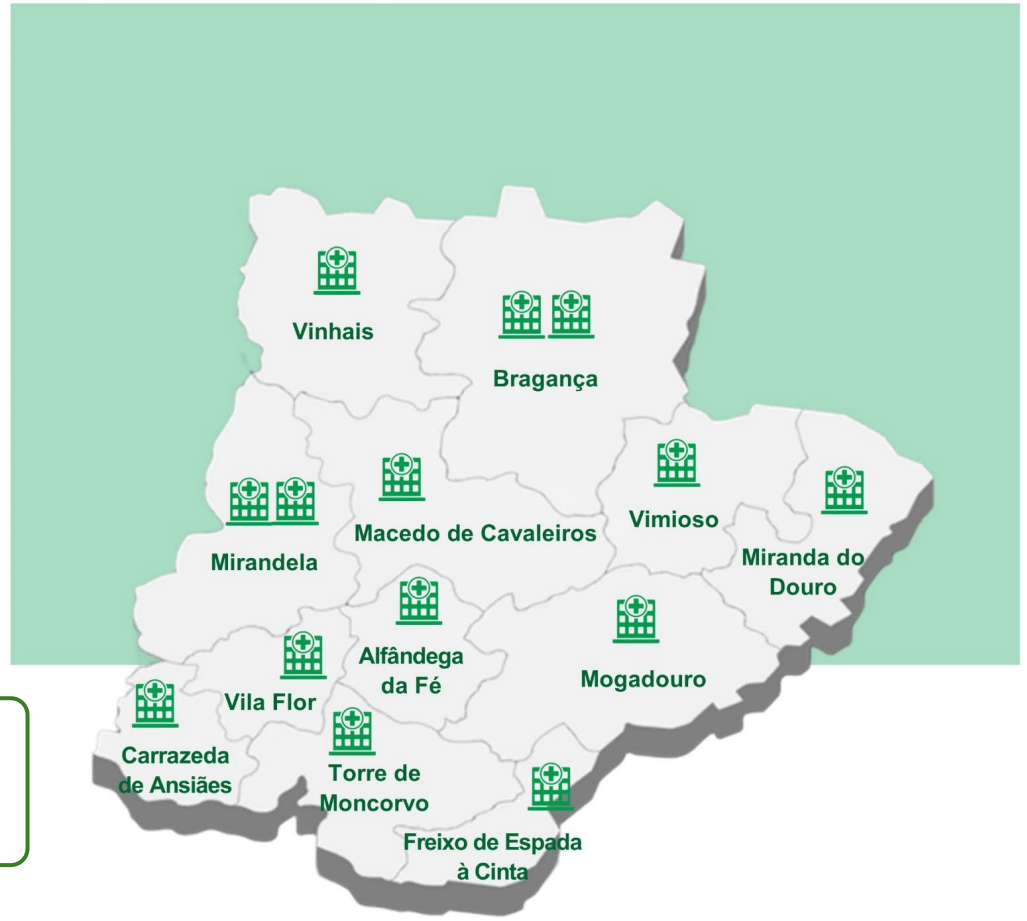
# Health + closer to you

3 Hospital Units
- 2 emergency departments and 2 smal units

14 Comunity Health Care Centres

1 Public Health Unit (USP), 11 Family Health Units (USF), 6 Primary Care Units (UCSP), 4 Extended Care Services (SAC), 10 Community Care Units (UCC)

12 Municipalities covering 6,608 km$^2$




IMPULSO

Integração e melhoria dos cuidados baseados na população por meio da gestão das ULS e sua organização

UNIDADE LOCAL DE SAÚDE
NORDESTE

# Health + closer to you

Methodology:

1. Authorisation request to the International Coordination Centre of M-POHL for the use of the HLS19-DIGI instruments (to measure Digital Health Literacy) and HLS19-NAV (to measure navigation within Health Services) – adaptated for training purposes.
2. Intervention:

**Professional groups targeted for intervention were contacted:**

- UCC, PSP / GNR, Fire Brigade, Civil Protection, local authority leaders and religious agents (including nursing homes)UCC

**Training sessions lasting 30 minutes + 10 minutes for discussion**

- Application of questionnaires before and after training, based on HLS19
- Provision of a Practical Guide

**Empowerment of professional groups as partners**

- disseminating validated knowledge

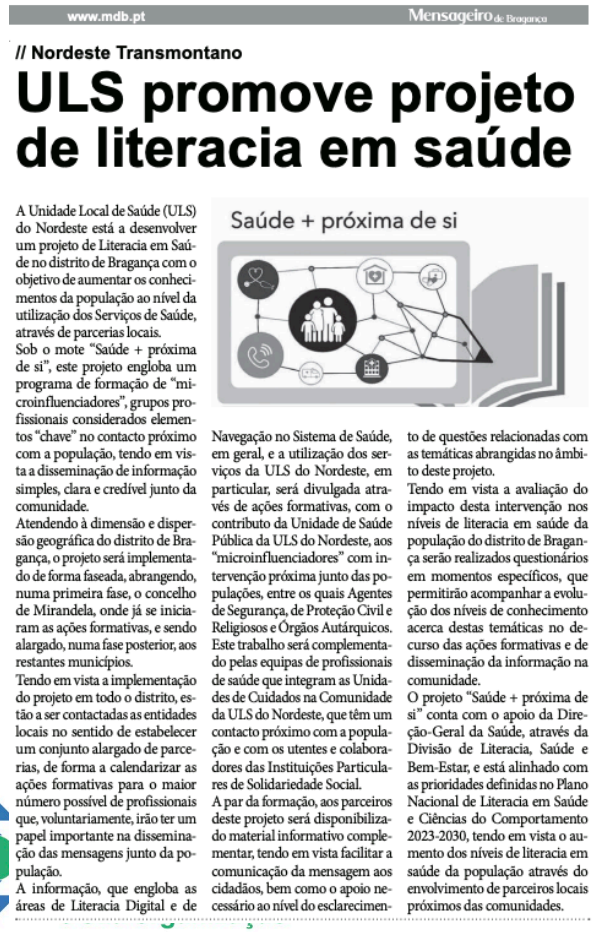
# Health + closer to you

**Topics covered** in the Practical Guide

- What is the National Health Service (NHS)
- How ULSNE is organized
- Organization of Primary Health Care: access to Health Centers and Functional Units
- Organization of Hospital Care: access to Hospital Units
- Palliative Care: organization and access
- Public Health Department: organization and access
- Medical Boards for Disability Assessment: Multi-purpose Disability Certificate
- When to call NHS24 or 112?
- NHS24 Helpline
- Digital Health Services: easy, fast and confidential access
- Contacts of the Local Health Unit of the Northeast
- How to communicate in health
- Social mobilization: Health Micro-Influencers

# Health + closer to you

In parallel with the training sessions for micro-influencers, internal and external communication actions are developed through the ULSNE Communication and Image Office, ensuring increasing engagement of stakeholders and widespread awareness of the project.



www.mdb.pt — Mensageiro de Bragança

// Nordeste Transmontano

## ULS promove projeto de literacia em saúde

A Unidade Local de Saúde (ULS) do Nordeste está a desenvolver um projeto de Literacia em Saúde no distrito de Bragança com o objetivo de aumentar os conhecimentos da população ao nível da utilização dos Serviços de Saúde, através de parcerias locais.

Sob o mote "Saúde + próxima de si", este projeto engloba um programa de formação de "microinfluenciadores", grupos profissionais considerados elementos "chave" no contacto próximo com a população, tendo em vista a disseminação de informação simples, clara e credível junto da comunidade.

Atendendo à dimensão e dispersão geográfica do distrito de Bragança, o projeto será implementado de forma faseada, abrangendo, numa primeira fase, o concelho de Mirandela, onde já se iniciaram as ações formativas, e sendo alargado, numa fase posterior, aos restantes municípios.

Tendo em vista a implementação do projeto em todo o distrito, estão a ser contactadas as entidades locais no sentido de estabelecer um conjunto alargado de parcerias, de forma a calendarizar as ações formativas para o maior número possível de profissionais que, voluntariamente, irão ter um papel importante na disseminação das mensagens junto da população.

A informação, que engloba as áreas de Literacia Digital e de Navegação no Sistema de Saúde, em geral, e a utilização dos serviços da ULS do Nordeste, em particular, será divulgada através de ações formativas, com o contributo da Unidade de Saúde Pública da ULS do Nordeste, aos "microinfluenciadores" com intervenção próxima junto das populações, entre os quais Agentes de Segurança, de Proteção Civil e Religiosos e Órgãos Autárquicos.

Este trabalho será complementado pelas equipas de profissionais de saúde que integram as Unidades de Cuidados na Comunidade da ULS do Nordeste, que têm um contacto próximo com a população e com os utentes e colaboradores das Instituições Particulares de Solidariedade Social.

A par da formação, aos parceiros deste projeto será disponibilizado material informativo complementar, tendo em vista facilitar a comunicação da mensagem aos cidadãos, bem como o apoio necessário ao nível do esclarecimento de questões relacionadas com as temáticas abrangidas no âmbito deste projeto.

Tendo em vista a avaliação do impacto desta intervenção nos níveis de literacia em saúde da população do distrito de Bragança serão realizados questionários em momentos específicos, que permitirão acompanhar a evolução dos níveis de conhecimento acerca destas temáticas no decurso das ações formativas e de disseminação da informação na comunidade.

O projeto "Saúde + próxima de si" conta com o apoio da Direção-Geral da Saúde, através da Divisão de Literacia, Saúde e Bem-Estar, e está alinhado com as prioridades definidas no Plano Nacional de Literacia em Saúde e Ciências do Comportamento 2023-2030, tendo em vista o aumento dos níveis de literacia em saúde da população através do envolvimento de parceiros locais próximos das comunidades.



Renascença — NO AR — ÚLTIMAS VÍDEOS V+ OUVIR AS TRÊS DA MANHÃ T3 BOLA BRANCA OPINIÃO

LOGIN | NOVO REGISTO

Levanta-te e anda!

### ULS do Nordeste promove projeto de literacia em saúde no distrito de Bragança

13 out, 2023 · 10:59 • Olímpia Mairos

Numa primeira fase, a iniciativa será implementada no concelho de Mirandela, onde já se iniciaram as ações formativas, sendo alargada, posteriormente, aos restantes municípios.

Hospital de Mirandela, Unidade Local de Saúde do Nordeste. Foto: CM Mirandela

A Unidade Local de Saúde (ULS) do Nordeste está a desenvolver um projeto de Literacia em Saúde no distrito de Bragança com o objetivo de "aumentar os conhecimentos da população ao nível da utilização dos serviços de saúde, através de parcerias locais".

O projeto engloba um "programa de formação de 'microinfluenciadores', grupos profissionais considerados elementos 'chave' no contacto próximo com a população, tendo em vista a disseminação de informação simples, clara e credível junto da comunidade", explica em comunicado.

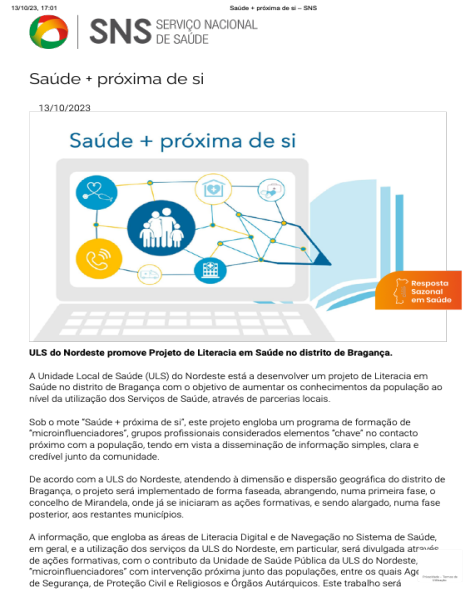
Numa primeira fase, a iniciativa será implementada no concelho de Mirandela, onde já se iniciaram as ações formativas, sendo alargada, posteriormente, aos restantes municípios.

Segundo a ULS, neste momento estão a ser contactadas as entidades locais no sentido de estabelecer um conjunto alargado de parcerias, "de forma a calendarizar as ações formativas para o maior número possível de profissionais que voluntariamente, irão ter um papel importante na disseminação das mensagens junto da população".

A informação, que engloba as áreas de Literacia Digital e de Navegação no Sistema de Saúde, em geral, e a utilização dos serviços da ULS do Nordeste, em particular, será divulgada através de ações formativas, com o contributo da Unidade de Saúde Pública da ULS do Nordeste, aos "microinfluenciadores" com intervenção próxima junto das populações, entre os quais agentes de segurança, de Proteção Civil e religiosos e órgãos autárquicos.

O trabalho será complementado, depois, pelas equipas de profissionais de saúde que integram as Unidades de Cuidados na Comunidade da ULS do Nordeste, que têm um contacto próximo com a população e com os utentes e colaboradores das Instituições Particulares de Solidariedade Social.

EM DESTAQUE



13/10/23, 17:01 — Saúde + próxima de si – SNS

SNS SERVIÇO NACIONAL DE SAÚDE

Saúde + próxima de si

13/10/2023

Saúde + próxima de si

Resposta Sazonal em Saúde

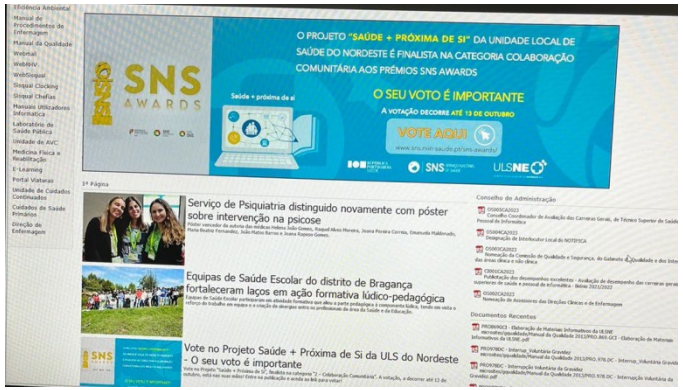
**ULS do Nordeste promove Projeto de Literacia em Saúde no distrito de Bragança.**

A Unidade Local de Saúde (ULS) do Nordeste está a desenvolver um projeto de Literacia em Saúde no distrito de Bragança com o objetivo de aumentar os conhecimentos da população ao nível da utilização dos Serviços de Saúde, através de parcerias locais.

Sob o mote "Saúde + próxima de si", este projeto engloba um programa de formação de "microinfluenciadores", grupos profissionais considerados elementos "chave" no contacto próximo com a população, tendo em vista a disseminação de informação simples, clara e credível junto da comunidade.

De acordo com a ULS do Nordeste, atendendo à dimensão e dispersão geográfica do distrito de Bragança, o projeto será implementado de forma faseada, abrangendo, numa primeira fase, o concelho de Mirandela, onde já se iniciaram as ações formativas, e sendo alargado, numa fase posterior, aos restantes municípios.

A informação, que engloba as áreas de Literacia Digital e de Navegação no Sistema de Saúde, em geral, e a utilização dos serviços da ULS do Nordeste, em particular, será divulgada através de ações formativas, com o contributo da Unidade de Saúde Pública da ULS do Nordeste, "microinfluenciadores" com intervenção próxima junto das populações, entre os quais Ag
de Segurança, de Proteção Civil e Religiosos e Órgãos Autárquicos. Este trabalho será



SNS AWARDS

O PROJETO "SAÚDE + PRÓXIMA DE SI" DA UNIDADE LOCAL DE SAÚDE DO NORDESTE É FINALISTA NA CATEGORIA COLABORAÇÃO COMUNITÁRIA AOS PRÉMIOS SNS AWARDS.

O SEU VOTO É IMPORTANTE

A VOTAÇÃO DECORRE ATÉ 13 DE OUTUBRO

VOTE AQUI

www.sns.min-saude.pt/sns-awards/

Serviço de Psiquiatria distinguido novamente com póster sobre intervenção na psicose

Equipas de Saúde Escolar do distrito de Bragança fortaleceram laços em ação formativa lúdico-pedagógica

Vote no Projeto Saúde + Próxima de Si da ULS do Nordeste – O seu voto é importante

IMPULSO

# Health + closer to you

public participation:

## Strengths

Involvement of the entire ULSNE;

multidisciplinary team;

strong relationship with local community partners;

finalist of the SNS Awards 2023 (Community Collaboration)

## Opportunities:

Need to improve health literacy;

positive receptiveness of community partners;

shared identification of problems.

## Weaknesses:

Scheduling management; perception-based questionnaire;

large geographical coverage area.

## Threats:

Low engagement from local authorities;

difficulty involving some entities; lack of venues;

low questionnaire response; limited public participation.

IMPULSO

Integração e melhoria da literacia em saúde na população por meio da gestão das ULS e sua organização

IMPULSO

Integração e melhoria dos cuidados baseados na população por meio da gestão das ULS e sua organização

World Health Organization
European Region

REPÚBLICA PORTUGUESA
SAÚDE

ACSS ADMINISTRAÇÃO CENTRAL DO SISTEMA DE SAÚDE, IP

Funded by the European Union

Saúde + próxima de si



# Thank you!

# Local Health Unit of the Northeast

UNIDADE LOCAL DE SAÚDE NORDESTE