

Live Well, Live Longer Strategic Plan

2026 - 2029



Chest
Heart &
Stroke



Our Mission

We stand with people, communities and partners to prevent chest, heart and stroke illnesses, rebuild lives, push for change and challenge health inequalities.



Our Vision

Everyone in Northern Ireland is living a longer, healthier life free from chest, heart and stroke illnesses.



Our Guiding Principles

Equity - We focus our work where need is greatest to reduce health inequalities.

People centred - We listen to people with lived experience and design services around their needs.

Evidence led - We use research, data and learning to inform decisions and improve impact.

Partnership - We work collaboratively with communities, partners and policy makers.



Why Our Work Matters

Northern Ireland in Numbers

This breakdown of the most up-to-date available statistics on chest, heart and stroke conditions in Northern Ireland demonstrates just why our care, prevention, research and campaigning work is so vital.

In the adult population

**Approximately 600,000 people
are living with a chest, heart or stroke condition**



**This means around 4 in 10 of adults live
with CHS conditions (40%)**

This is made up of around 400,000 people who have a chest, heart or stroke diagnosis (about 1 in 3) and approximately 200,000 living with undiagnosed conditions



#1 cause of death

Deaths due to chest, heart and stroke conditions were the #1 cause of death in 2024



19 deaths per day

(6,816 each year) are caused by chest, heart and stroke conditions combined



38% of all deaths

About 4 in 10 deaths were due to CHS conditions

Data correct at time of publishing.

Circulatory Conditions

Any conditions that affect your heart or blood vessels



Approximately 500,000 adults are living with circulatory conditions



12 deaths every day (4,416 in 2024)



112 hospital admissions every day (40,864 in 2025)

10 people have a heart attack every day in NI (3721)



Coronary Heart Disease is the **biggest single cause of premature deaths** (in people younger than 75) across NI

Hypertension (High Blood Pressure)



299,896 people or **20% of the adult population** have a diagnosis of high blood pressure



Around 120,000 have undiagnosed high blood pressure... maybe more



When those diagnosed and undiagnosed are combined, **around 1 in 3 of the adult population** have high blood pressure



Hypertension is the #1 cause of stroke

Stroke & TIA

When the blood supply to part of the brain is cut off.

A transient ischaemic attack (TIA) or “mini stroke” is caused by a temporary disruption in the blood supply to part of the brain.



42,531 people have a stroke or TIA diagnosis



About 2 deaths every day (883 in 2024)



9 people had a stroke every day (3,170 people in 2024)

Women and Heart Disease

2x

Heart disease killed **more than twice as many** women in NI as cervix, uterus, ovary and breast cancer combined in 2024 (1,175 vs 524)



Nearly twice as many women **died from Coronary Heart Disease than breast cancer** in 2024 (592 vs 286)

Respiratory Conditions

Any disease that affects the lungs and airways.



Approximately 220,000 people are living with respiratory conditions



6 deaths every day (2,316 in 2024)



83 hospital admissions every day (30,285 in 2025)

Atrial Fibrillation



48,799 people have a diagnosis of Atrial Fibrillation (AF)



Around 12,000 people may have undetected AF



People with AF are at **greater risk of stroke** and their stroke is **more likely to be severe**

Deprivation and Inequality

Cardiovascular disease (CVD) is one of the conditions most strongly associated with health inequalities. **In NI, people living in the most deprived areas (compared to the least deprived) are...**



You're up to 30% more likely to die early from CVD depending on **where you live**



Preventable deaths in the most deprived areas were **three times higher** than the least deprived areas

Health and Lifestyle



SMOKING

Smoking is the single greatest cause of preventable illness and premature death in Northern Ireland, killing around **2,200 people in 2023/24**.

12% of people currently smoke

1 in 10 women smoke during pregnancy

9% of Year 8-14 pupils currently smoke

17% of 16-34 year olds currently smoke

Smoking robs 10–15 years of healthy life.



E-CIGS

9% of people currently use e-cigs (2025)

20% of 11–18 year olds have tried an e-cigarette

19% of 11-18 year olds currently vape



ALCOHOL

397 deaths in 2024 due to alcohol consumption



DIET

56% of adults didn't get 5+ portions of fruit & veg a day in 2025



OBESITY

67% of adults

27% of Year 8 pupils and **1 in 3** 2-10 year olds are overweight or obese

1 in 4 P1 children are overweight or obese



ACTIVITY

45% of adults are not getting the recommended amount of physical activity

Children in NI have the lowest physical activity levels in the UK

Primary school children are **sedentary 5 hrs a day** and post-primary students **7 hrs a day**

Purpose

This strategy sets out how we will deliver our mission between 2026 and 2029. It includes all strategic priorities, supporting pillars, priority actions and success measures, and is intended to guide planning, delivery, performance management and accountability across the organisation.

The following six strategic priorities define what we will deliver between 2026 and 2029. They are supported by organisational enablers set out later in this document.

Strategic Priorities



**Tackling
Health Inequalities**



**Care,
Recovery and Support**



**Health Promotion
and Prevention**



**Influencing Policy
and Government**



**Research
and Innovation**



**Making a
Real Difference**

Strategic Priority 1:

Tackling Health Inequalities



Aim

To reduce health inequalities across Northern Ireland by empowering and partnering with communities to prevent chest, heart and stroke conditions, promote healthy lifestyles, and ensure equitable access to prevention and support services.



Priority actions

- Target services and resources at areas of highest need and high-risk population groups.
- Improve access to services for people who need us most.
- Promote inclusive research to address inequity and unmet needs within our population.
- Campaign for improvements in population health and action on tackling health inequalities.



Strategic Priority 2:

Care, Recovery and Support



Aim

To ensure that everyone affected by chest, heart or stroke conditions receives compassionate, high-quality and continuous support to rebuild their lives.



Priority actions

- Deliver high-quality, person-centred support services.
- Involve service users and carers in planning and shaping services.
- Strengthen quality, safety and good practice.
- Embed ACTivate as NICHHS's psychological support offer.
- Improve consistency across all five local areas.
- Demonstrate impact through clear reporting.



Strategic Priority 3:

Health Promotion and Prevention



Aim

To empower people to make informed healthy lifestyle choices and prevent avoidable chest, heart and stroke outcomes.



Priority actions

- Increase awareness and detection of risk factors.
- Empower people to take control of their health.
- Promote healthy schools and young people.
- Champion healthy workplaces that support employee wellbeing.
- Ensure services are evidence based, high quality and safe.



Strategic Priority 4:

Influencing Policy and Government



Aim

To be the leading local advocate for cardiovascular and respiratory health and influence policy and practice.



Priority actions

- Push for stronger prevention policies.
- Influence better survivor care and support.
- Campaign for NI-wide chest, heart and stroke strategies.
- Empower service users and communities.
- Strengthen policy positions through evidence.
- Monitor political and system opportunities.



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Strategic Priority 5:

Research and Innovation



Aim

To fund and support high-quality local research that improves prevention, services and outcomes.



Priority actions

- Attract high-quality research applications.
- Fund research delivering tangible benefits.
- Promote inclusive research to address inequity and unmet needs within our population.
- Support collaborative research.
- Use digital tools for research management.
- Maintain a skilled and diverse Scientific Research Committee.
- Ensure ethical and quality compliance.



Strategic Priority 6:

Making a Real Difference



Aim

To deliver impact that matters and clearly demonstrate how NICHS improves lives.



Priority actions

- Build a strong evidence base.
- Use feedback and data to improve services.
- Measure and communicate impact clearly.



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Supporting Pillars

To ensure that our charitable activities can be delivered we rely on the support of a number of vital supporting teams.



Communications

In order for people to avail of our services and to support our charity it is vital that people are aware of NICHS, what we do and difference we make. We will continue to make people aware of the symptoms and causes of chest, heart and stroke illnesses and increase public awareness of how to reduce risks of developing these conditions.

People

Our staff and volunteers are at the heart of NICHS. With our Gold Investors in People accreditation we will continue to develop our culture where our people are inspired, developed, supported and proud to work for us.

Finance

Our finance is and always will be effectively managed and controlled. At all times we will continue to ensure compliance with appropriate financial procedures and controls.

Governance

We are led by our Board of Governors who ensure trust and confidence in our charity. With a mix of skills and experience the board will ensure we have appropriate strategic, operational plans and budgets in place and that progress is regularly monitored.

Physical & Digital Resources

We need to make sure our staff have the appropriate ICT in order to help them to do their jobs efficiently and effectively. It is also crucial that our staff and our premises are safe. We will ensure that our ICT strategies and health and safety strategies are implemented and reviewed.




Thank you

Almost 90% of our income comes from public donations.

Find out how you can support us at
www.nichs.org.uk

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INVESTORS IN PEOPLE
We invest in people Gold





Application and Research Design Workshop

Stephanie Cathcart

We have invested
£2,089,825

in research over the last five years



Current research investment

£1,284,895



14 live studies



4



5



3



2



Success rate

~40%

avg over the last 5 years





NICHS Current Research & Funding Process



When does the window open?

Window opens:
Monday 1st June 2026

Window closes:
Friday 28th August 2026





How much is in the grant “pot”?

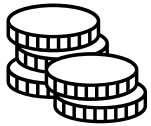
Research “pot” for 2026-27

£400,000



Depending on quality of applications
received, we will spend all, none (and
sometimes more*)





£2.5 million

invested in research since 2020

27

Average per year = 4.5



What sort of research do we fund?



In the broadest sense, **high quality** research that is a **good strategic fit**.



Research & Impact

Strategic Plan 2026-29



Aim

To fund and support high-quality local research that improves prevention, services and outcomes.

- **prevent, treat, care**
- **ideally, as close to the person as possible**
- **tangible benefit**



Research & Impact

Strategic Plan 2026-29



Priorities

- Attract high-quality research applications
- Fund research delivering tangible benefits
- Promote inclusive research to address inequity and unmet needs within our population.
- Support collaborative research



Can an over-the-counter medication for cold sores help in the fight against COPD?

Are severe common cold infections in childhood linked to developing asthma?

Are people less likely to keep using their asthma inhalers when treated with powerful new biologic medicines?

How should we treat dangerous bacteria that grow in intensive care ventilator tubes, in order to prevent VAP (pneumonia)?



Developing a lateral flow device to test for heart failure.

How many people have an inherited heart condition?

Why do some children develop life threatening heart conditions after a COVID infection?

Can Vitamin B2 be used to lower high blood pressure?

Co-developing a heart failure resource for care home staff and residents.

Developing a support intervention for people with advanced heart failure and their carers

Developing a brief intervention to improve people's adherence to cardiac rehab

Developing technology that scans the eye to identify risk of CVD.

Can fenugreek seed be used to prevent CVD?



Can we improve our post-rehab programme for stroke survivors by adding arm exercises?

Developing a psychological therapy that's suitable for stroke survivors with cognitive impairments.

Developing a digital app to help people who have had a "mini" stroke make lifestyle changes.

Can a lifestyle change tool be simplified and still be effective for people who have had a stroke?

Designing a programme to help people with stroke to keep active in the longer term.

Testing a new technology that provides stroke patients with feedback of their brain activity while they imagine movements, in the form of a computer game



Can we modify a tried and tested Irish post-primary physical activity programme, and deliver it in NI schools?

Can a successful Australian primary school programme be adapted to suit Northern Ireland?

Can providing financial incentives encourage pregnant women to quit smoking?

Why do young people use e-cigs? What are their (and their parents') attitudes to them?





Type of research funded

Basic / preclinical

Intervention

Remainder = registries*



Who can apply?



Collaboration



Match funding



How do we decide which studies to fund?



The process is independently audited /
accredited



Funding decisions are made using a
thorough and transparent process



Grant timeline and process

	1 Application window	1st June – 28th August 2026
	2 Application check	September 2026
	3 Expert review (x2)	September 2026 – November 2026
	4 SRC member review	December 2026- January 2027
	5 PI reply / clarify	January 2027
	6 SLT & PPI meet	January 2027
	7 SRC meet and score	February 2027
	8 Finance Comm. Meet	March 2027
	9 Notification and next steps	April 2027



Scientific Research Committee (SRC)

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- Researchers
- Professional working in clinical posts
- Two PPI Reps
(members of the public / living with CHS / personal experience)

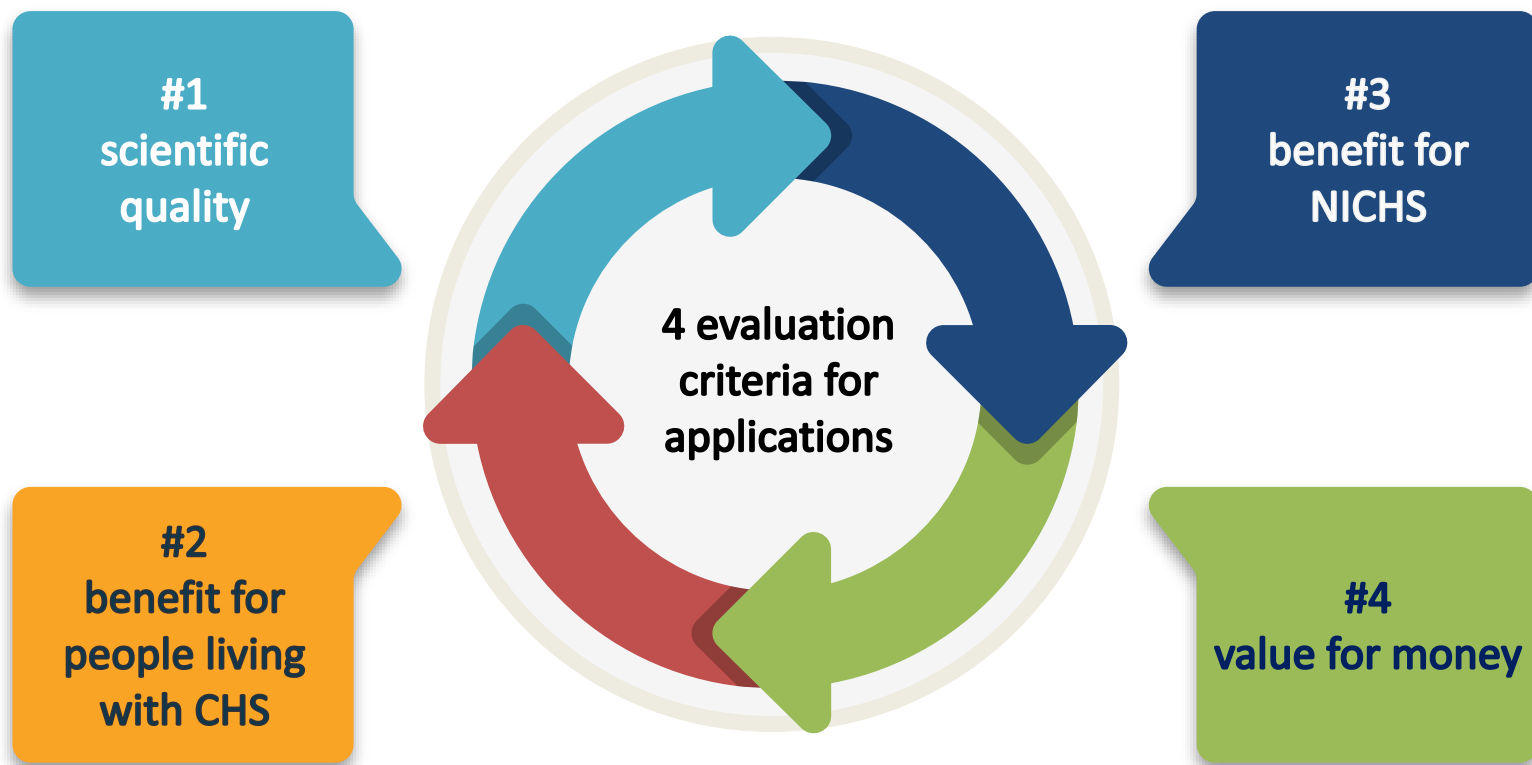




What are the decision-making criteria?



Funded projects must demonstrate:





Applications are scored on these four criteria

scoring on 11-point scale

Extremely poor 0

Excellent 10

final overall score

average of SRC (group) scores and SLT score



#1 Scientific quality

Reviewers base their scores on

Is the study needed?

Is it a well thought research question?

Are aims & outcomes clear?

Is there a well described plan to achieve them?

Is there a clear plan to manage the project?

Ethical, scientific, statistical, technical considerations

Skills and experience of team

IS YOUR STUDY...

? Credible, relevant, needed?

? a high quality design?

? Unambiguous, clear “story”?

? delivered by a high-quality team?



#2 benefit to people living with CHS

Reviewers base their scores on

Has the application clearly identified who will benefit, how and when?

Are outcomes realistic and achievable?

Is there a well described plan to achieve them?

Is the plan / timeframes realistic and achievable?

Are people living with CHS meaningfully involved in the study?

Have you engaged with stakeholders?



Who will benefit, how, when?



Are you being realistic?



#3 benefit to NICHS

Reviewers base their scores on

Does study align with our mission and aims?

Is your study attractive to our stakeholders?

Can we justify spend to our donors and stakeholders?

Will outcomes of study improve our work?

Do you require any other resources / input from us?

How will you promote NICHS across the study life cycle?

IS YOUR STUDY...



Why should we fund your study?



Is there a risk to funding it?



#4 Value for money

Reviewers base their scores on

Clear justification of allocation of funds

clear and justifiable management plan

Clear deployment of skills and resources

clear milestones and deliverables

clear contingency plan

Is this study “Value for money”, given the resources required and expected benefits?



VFM does necessarily not mean cheap



Are funds requested realistic?



Will you deliver on time and within budget?



Important Points

- Try to “break” your question, before we do
- Think carefully, plan accordingly
- Assume nothing
- Write plainly. Be clear. Be precise
- Engage with stakeholders
- If unsure, seek input / advice
- **remember, we want to fund you (if you’re good enough!)**



Important Points

All applications must

- Be completed as per guidance
- Be submitted by date specified
- align to NICHHS strategy and
- meet our 4 decision making criteria

More details will be provided in application guidance



Next steps

Open call

We would like to see applications in the following areas:

- **Stroke capacity**
- **Strategic alignment**
 - focus on tackling health inequalities across conditions and systems.
 - focus on the requirements of under-served or high-risk population groups
- **Service evaluation and development**



What We Do Not Fund

- Secondary or indirect focus (CHS conditions are secondary or incidental to another primary disease area)
- Studies that involve the use of animals
- PhD stipends, tuition fees, or standalone doctoral studies
- Creation of registries, databases, or tools that replicate existing systems
- Foundational / “from scratch” AI modelling



Next steps

Making an application

Materials will be available online from **Monday 1st June 2026**
([NICHHS | How to Apply to our Scientific Research Grants Programme](#))

Queries

- Stephanie Cathcart scathcart@nichs.org.uk
- Professor Mike Clarke m.clarke@qub.ac.uk



Thank you



**QUEEN'S
UNIVERSITY
BELFAST**



Research Design and Methodology

Wednesday 6 May 2026

**Professor Mike Clarke
m.clarke@QUB.ac.uk**

Some things to think about

- What is the problem you want to address?
- What is your research question?
- Why do you want to answer this?
- Who will use your answer and what impact will it have?
- What study design will you use?
- Who are you going to study?
- What are you going to do with them?
- How long will your study (and its impact) take?
- Do you have funding partners?
- Why will your study succeed?
- What would happen after your research: implementation or definitive evaluation?

Is your study a good fit for the NICHS?

Try to find the flaws in your study while preparing the application, so that you can make it stronger before you submit it and less likely to contain flaws that someone else will find after you submit it

Getting the research question right

Defining the research question is a vital first step, because ...

It (ie everything else you will do) depends on that question.

- Is a vegetarian diet good?
- Does drinking a cup of coffee make people happy?

Is a vegetarian diet good?

- What is a vegetarian diet?

Is a vegetarian diet good?

- What does 'good' mean?

Is a vegetarian diet good?

- Good for whom?

Is a vegetarian diet good?

- Compared to what?

Is a vegetarian diet good?

- What is a vegetarian diet?
- What does 'good' mean?
- Good for whom?
- Compared to what?

Does drinking a cup of coffee make people happy?

- What is a cup of coffee?

Does drinking a cup of coffee make people happy?

- What people?

Does drinking a cup of coffee make people happy?

- What does 'happy' mean?

Does drinking a cup of coffee make people happy?

- Compared to what?

Does drinking a cup of coffee make people happy?

- What is a cup of coffee?
- What people?
- What does 'happy' mean?
- Compared to what?

Defining the research question is a vital first step, because ...

It (ie everything else you will do) depends on that question.

Formulating a research question



- X

- X

- X

- X

Choosing the study design

What design?



Your design needs to match your question

- Comparing the effects of interventions
 - ➡ randomised trial
- Identifying risk factors
 - ➡ case control or cohort study
- Estimating the size of the problem
 - ➡ survey
- Better understanding of people
 - ➡ qualitative research

**Why should
NICHS invest in
your study?**

Strengthening your application

NICHHS

- Does your study fit the NICHHS strategy and priorities for services they provide?
- Why should a Northern Ireland charity fund you?
- What will happen after your study?
- When will your study deliver impact?
- What difference might you make in the next five years?

PPI

- What personal, patient and public involvement have you had and will you have?
- If you emphasise co-production, will this be possible (e.g. has the intervention already been developed)?

EDI

- What areas of inequity or unmet needs will you address?
- How will you ensure inclusion of under-served groups?

Research

- How will you avoid research waste?
- Is there a systematic review to justify your new study?

**How much would
you pay for the
answer to your
research
question?**

HSC Statistical and Methodological Support Service

research.hscni.net/hsc-statistical-and-methodological-support

Contact: m.clarke@qub.ac.uk

Personal and Public Involvement in Research

research.hscni.net/personal-and-public-involvement-ppi-research

Equality, Diversity and Inclusion in research

Inclusion lead: Michael.McAlinden@hscni.net