NIHR | National Institute for Health Research

NIHR APPLIED RESEARCH COLLABORATIONS
Feedback on Annual Report 2020/2021

NIHR ARC: South West Peninsula

Summary of Feedback

CCF would like to thank all the staff for their contribution to delivering the work plan and preparing the annual reports despite the challenges faced by the team during the Covid-19 national response.

Understandably the ARC has adapted the programme of work to take into account staff redeployment and the Covid 19-related needs of the services in the reporting period. The "Remote by default" in collaboration with the University of Oxford examining the effective use of remote consultation in primary care received funding from UKRI COVID-19.

The ARC has made good progress on short and medium term aims having successfully established partnerships with the 28 organisations forming part of the ARC collaborative and have further developed the close working relationship with the SW AHSN. The HSMA/PSMA programme alumni continue to contribute to the wider networking with partner organisations with the associates playing a significant role in brokering opportunities for the effective skill utilisation offer as their organisations underwent service redesign.

The ARC leveraged in excess of £6M in external funding, as reported in the Finance and Activity report, with £2.36M from the DHSC /NIHR. The ARC reported 81 active studies, and has supported 40 publications and 100% acknowledged NIHR support, with 75% open access.

Thank you for providing the added value examples, which we enjoyed reading. The examples demonstrate the wider impact of the ARC work programme during the pandemic, in supporting some of the most vulnerable individuals (dialysis patients, people with dementia and their carers) and the development of an interactive app for resource management. NIHR CCF may be in touch in future for additional details should the examples be developed into NIHR case studies.

Centre Overall (RAG)		**Progress Descriptors** **Green** = On track.No risks to delivery identified; minimal feedback. **Amber** =Satisfactory. Minor issues, no risk to delivery; areas to consider highlighted in feedback. **Red** = Unsatisfactory. Issues identified that require action from the Director, or input from CCF. **Black=**Unsatisfactory. At least one major issue identified that requires escalation to DHSC.

Governance

No changes to the ARC Governance structure have been reported. The ARC successfully transferred their activity from in person to virtual meetings. This was key to enable the ARC national priority programme in Children's Health and Maternity heavily co-produced with public collaborators. The ARC noted that although in person modes of working will resume, the ARC will leverage the learnings from blended programmes for greater access and spread of opportunities.

Governance (RAG)		**Green** = On track. No risks to delivery identified. **Amber** =Satisfactory. Minor issues, no risk to delivery, areas to consider in feedback. **Red** = Unsatisfactory. At least one major issue identified in feedback.

Changes to Strategy and Summary of Milestone Progress in Themes/Project

Please note it was difficult to assess the progress of the ARC made against agreed specific objectives/milestones, which has led to an Amber RAG rating. Despite the ARCs ability to optimise flexibility in their research programmes to redeploy staff from paused studies and reduce activity on other studies to free staff to respond to needs identified by partners, many projects were delayed or disrupted.	

Overall Progress on Milestones		**Green** = On track. No risks to delivery identified. **Amber** =Satisfactory. Minor issues, no risk to delivery, areas to consider in feedback. **Red** = Unsatisfactory. At least one major issue identified in feedback.

Theme	Comments on progress against milestones	RAG Status
Mental Health **_Short and Medium-term objectives_** Maximise impact from current research by effective dissemination and promotion of adoption. Develop and evaluate interventions to reduce the risk of mental health problems and manage established conditions. With AHSN partners, develop and evaluate care pathways and organisational systems to deliver evidence-based interventions. Develop robust, evidence-based measures of patient experience and outcomes. Build the capacity of staff in mental health to generate and use research evidence. **_Long-term objectives_** Producing widely applicable clinical, public health and organisational research evidence With partners, adopt, contextualise and spread evidence-based service improvement. .	**_Short and Medium-term objectives_** - *We could not easily identify evidence of progress against objectives in this theme.* **dissemination/adoption:** ● facilitated the implementation of psychological interventions amongst people being treated in acute care – **as per 2019/20** **interventions to reduce MHL** ● developing and evaluating preventive interventions related to the mental health of children and young people and methods for intervening with the group of children exposed to domestic violence who are at high risk of adverse mental health outcomes (jointly with Complex Care theme) – **as per 2019/20** ● working with marginalised groups such as people involved with the criminal justice system and those living in deprived communities – **as per 2019/20** ● New project "Reshape" - to track the mental health and wellbeing of children and young people over the course of the Covid-19 pandemic and up to a year afterwards, to identify groups whose mental health may be most adversely affected, and to explore risk and protective factors **Care pathways:** ● New study to evaluate the contribution of functional disorders to the load of general outpatient referrals in child health. ● Attend Study –ethical approval obtained for feasibility of implementation and delivery of a combined mindfulness approach for adolescents who have not responded to first-line treatments for depression and their carers	

	Develop robust, evidence-based measures of patient experience and outcomes: Ongoing ● Community Mental Health Framework transformation programme **Build the capacity of staff in mental health to generate and use research evidence. No update provided.** **Funding**: The theme has been awarded 3 grants totalling ~£1M.	
Dementia ***Short and Medium-term objectives*** Maximising impact from existing research by effective dissemination and implementation. Better understanding of the needs of people affected by dementia, and developing interventions to improve care and support. Better understanding of population risk factors for dementia and using this evidence to develop risk-reduction interventions. **Long-term objectives** Co-producing widely-applicable evidence within and across clinical care, social care, public health, and organisational practice. Working with Partners across geographies and sectors to adopt, contextualise, spread, and sustain evidence-based service improvement. Building capacity among people who work with or are affected by dementia to understand, participate in, and contribute to research.	***Short and Medium-term objectives*** - *We could not easily identify evidence of progress against objectives in this theme.* **Maximising impact:** ● The "GREAT into Practice" has demonstrated that the benefits to people living with dementia of the GREAT Cognitive Rehabilitation (CR) intervention implemented by staff in NHS community services following training are at least equivalent to those seen in the NIHR-funded GREAT RCT. **Dementia – interventions: Ongoing** ● Successful mid-term review of the IDEAL programme and adaptation to incorporate the support needs of people with dementia and family carers during the pandemic (IDEAL-CDI); D-PACT (NIHR Programme Grant) **no update provided.** **Dementia - risk-reduction interventions:** ● With colleagues from the Centre for Research Excellence in Cognitive Health seeking to understand how we can support middle aged and older individuals to adopt a healthy lifestyle, e.g. exercise regularly, eat healthily and engage in social and cognitive activities which have been shown to reduce the risk of dementia. **No update provided** ● The ESRC-funded APPLE-Tree project is developing and testing a prevention programme to lower older people's chances of getting dementia. The aim is a relatively low cost intervention that targets well-established risk factors. **No update provided**	

	Service improvement – new activity ● EXCHANGE collaboration has identified two collaborative studies focusing on emotional well-being of care home staff. ● The WHELD team has developed an online, COVID-adapted version of its evidence-based staff training and support programme for care homes and is testing its effectiveness and cost-effectiveness in an RCT involving over 1000 care homes. **Funding**: The theme has been awarded 3 grants totalling £3.4m.	

Complex Care
 	
**Short and medium-term objectives**
Further develop engagement with people with complex needs and their families, and health and social care systems.
 	
Review, develop and evaluate interventions (individual and systemic) aimed at improving the care and outcomes for people with complex needs.
 	
Work with partners, particularly the AHSN, to effectively utilise evidence to enable service improvements.
 	
**Long-term objectives**
Improve health outcomes for people with complex needs through patient-focused research and evidence-based service improvement.
 	
Develop coherent and overarching theory to support co-production of intervention and service configurations which improve outcomes for people with complex care needs.
	**Short and medium-term objectives** – _progress provided._
	
	Engagement-complex needs - On Track
	● interventions to promote continence in children with disabilities – **no update provided.**
	● care pathways for complex need for Torbay Hospital's Improvement Programme
	● Health Foundation bid for an innovation pipeline for systems of care (Cornwall Foundation Trust);
	● evaluation of care for individuals living with frailty and homelessness (Plymouth CCG)
	● evaluation of new mental health systems (Somerset CCG).
	● Targeted peer coaching for outpatients with long term conditions
	
	Interventions- complex needs: Ongoing
	● Developing practical theory - SHERPA; PARTNERS2; Dementia-PACT
	● Complex emotional and social needs of young people:
	   o Looked after Children Transition Hub addressing needs of those in or on edge of care (Youth Endowment Fund);
	   o 'Becoming a Man' - a social-emotional group based mentoring intervention to increase educational attainment and prevent engagement in crime (YEF);
	   o Family Group Conferences in child protection services (NIHR HS&DR).
	● The CASTLE study (NIHR PGfAR) outcome set development for children with epilepsy to design and evaluate a sleep intervention for this group of children.
	
	Service improvement: Ongoing	

	- Frailty for older people – activity has led to NIHR Evidence Alert; home-based rehabilitation for older adults (NIHR HTA); RCT of alternative surgical approaches to emergency hip replacement designed to improve function and mobility (NIHR RfPB). - Interface between the police and health services: evaluation of health and social care services for people in police custody who inject drugs; evaluation of the Serenity Integrated Mentoring pilots for people with mental health needs and high intensity users of emergency services. "Remote by Default" study (ESRC) to help GPs deliver care to patients during the pandemic. - Partnership with ARC West, SWAHSN and West of England AHSN to develop evidence-based tools to inform services on situations where remote consultation is most likely to provide effective care.	(green)
Public Health ***Short and Medium-term objectives*** Maximise impact from current research by effective dissemination, adoption and implementation. Develop and evaluate public health interventions addressing environmental, social and individual determinants of health. Establish the SW Public Health Research Action Group (PHRAG) to: a) Actively engage partners in Public Health, Local Authorities, Education, Police, Social Services, the NHS and Third Sector. b) Identify uncertainties in public health, Local Authorities, Education, Police, Social Services, the NHS and Third Sector. c) Share experiences in implementing public health interventions d) Be a link to NIHR DC enhanced dissemination, Phinder, and work in other ARCs. Work with the SW AHSN and other partners to facilitate local contextualisation and implementation of interventions and modes of service organisation identified as effective.	***Short and Medium-term objectives*** – *We could not easily identify evidence of progress against objectives in this theme.* **Maximise impact from current research by effective dissemination, adoption and implementation.** - C2 Connecting Communities - **no update provided.** - DE-STRESS - training package for Primary Care produced with the RCGP to understand depression in disadvantaged communities - **no update provided.** **Develop and evaluate public health interventions addressing environmental, social and individual determinants of health. On track** - Social prescribing team has attracted grant funding from multiple sources (NIHR, UKRI, MRC, and local NHS organisations) to develop the evidence base of this approach amongst people with mental health problems, with dementia, for children and for frequent users of the health service. - ERICA trial - evaluation of risk assessment tools in primary care can reduce delayed cancer diagnosis. - Identification of groups at high risk of adverse outcomes:	(yellow)

Long-term objectives
Co-produce high quality research; collaborate in the enactment of change which impacts positively on public health within an ecological framework; and develop capacity to generate and use evidence.
	o the development and evaluation of programmes for parent carers of children with major disabilities
	    o physical activity promotion amongst people with cystic fibrosis
	    o online parent package to prevent anxiety disorders in high risk
	
	Establish PHRAG: On hold
	● **No progress provided.**
	
	Local contextualisation:
	● **No progress provided.**	

Methods for Research and Improvement – Cross-cutting
 	
Short and Medium-term objectives
Provide the methodological expertise for the ARC across the key disciplines:
a) PPI;
b) Health economics;
c) Epidemiology;
d) Statistics;
e) Trails and evaluation methods;
f) Qualitative methods;
g) Information science;
h) Evidence and synthesis;
i) Operational Research;
j) Implementation science.
 	
Develop synergies across this range of disciplines to effectively contribute to research and service improvement.
 	
Contribute to building capacity in the local health economy to generate and use methodological evidence.
 	
Long-term objectives
The overall aim is to contribute to the ARC programme of patient and public health focused applied health research, evidence-based service improvement, wealth creation, and capacity building. A specific endeavour is to help bridge the care-research divide by building analytic and critical thinking capacity within the public, practitioners and managers, ensuring more productive engagement in both research and improvement.
	Short and Medium-term objectives *– We could not easily identify evidence of progress against objectives in this theme.*
	
	Develop synergies across disciplines:
	● Better Care South-West Partnership- using linked routine care and administrative data to deliver a learning, Integrated Care System for the local population.
	● Two programme within "Researchers-in-residence";
	    o enhanced intermediate care service" to avoid hospital admission or bridge journeys home
	    o rolling out multi-disciplinary health and wellbeing teams including voluntary sector wellbeing coordinators aiming to prevent people becoming unwell.
	
	● PenCHORD modelling group has a major programme in the area of stroke care.
	● Modelling need for end of life care.
	● Modelling potential approaches to providing dialysis services in the light of COVID-19.
	● Work with the local Ambulance Trust (SWASFT) and Devon Air Ambulance to forecast need and decision-making.
	● Developing methods to improve communication between analysts and decision makers in healthcare settings.
	
	While updates on these projects were referenced in other sections CCF would be grateful if annual reports could clearly identify the progress towards each ongoing objectives	

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<td>in order to allow a clear view of progress within each Theme.

Building capacity and Methodological expertise: Ongoing
● Expansion of HSMA programme via virtual teaching and tutor training programme.
● Making Sense of Evidence (MSE) programme -12 workshops and Masterclass for 187 delegates</td>
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Impact on Healthcare Provision and Public Health

The ARC South West report has provided evidence of impact through:

- Supporting people with dementia and their carers during lockdown. Using the outputs of the IDEAL programme the team produced materials aimed at both the people with dementia and their carers offering practical advice. These materials were widely distributed through charity partners, ARCs and AHSNs across the country in physical and electronic formats. The leaflets were subsequently adapted and translated into 10 more languages by the Race Equality Foundation. The team briefed colleagues from DHSC, NHS-E, NHS-I, PHE and Alzheimer's Society on the materials and on practical adaptations for services such as respite care.
- Adapting dialysis services to minimise impact of infection - COVID-19 modelling and Operational Research expertise to the Wessex Kidney Centre, Portsmouth Hospitals NHS Trust. The modelling was used by the centre to reconfigure the service to continue to operate in the pandemic while ensuring the safety of over 650 dialysis patients.
- Forecasting COVID 19-related demand on health services – collaboration with University of Exeter researchers and the NHS resulted in the development of a tool to ensure health trusts maintained sufficient levels of life-saving equipment and bed spaces during the COVID-19 pandemic.

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<tr>
<td>Impact on Healthcare Provision and Public Health (RAG)</td>
<td></td>
<td>Green = On track. No risks to delivery identified.
Amber =Satisfactory. Minor issues, no risk to delivery, areas to consider in feedback.
Red = Unsatisfactory. At least one major issue identified in feedback.</td>
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Comments on PPIE: NIHR PPIE Team Feedback

The ARC has presented a good summary report giving examples of how they have worked towards the UK standards for public involvement. It is clear that the ARC has sustained lay involvement in governance activities. Efforts to address diversity and inclusion are demonstrated through recruitment of new public members from different ethnic and age groups into the governance structures of the ARCs; take up of training on diversity and inclusion and an ambition to address plans outlined in the PPIE strategy. We note the work by the BMedSci student in analysing the impact of PPIE on health research we would welcome a brief update on the findings.

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<tr>
<td>PPIE (RAG)
Based on whether the PPIE information asked for has been provided</td>
<td></td>
<td>Green = On track. Information asked for has been provided in full and no issues identified.
Amber = Satisfactory. Minor gaps in information provided and/or areas to consider in feedback.
Red = Unsatisfactory. Large gaps in information provided and/or</td>
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| | | at least one major issue identified in feedback. |

Comments on Training: NIHR Training Team Feedback

Thank you for providing the update on academic career development at ARC South West Peninsula. We were pleased to see that you awarded PhD studentships within your ARC and in the Tri-ARC collaboration. It is a measure of how well supported your students are that they have been enabled to adapt to the challenges of the pandemic and they are now all on track.

It was great to read more of the collaborative workshops that you have been running with ARC West, starting in the reporting period, to create a supportive network for ICA Interns and bridging fellowships. Also, the range of academic career development activities and support available to those applying for fellowships and other sources of funding is impressive.

We're pleased to read of the successful online delivery of 12 workshops and a masterclass to a total of 187 delegates as part of the Making Sense of Evidence Programme in this reporting period. It was encouraging to see that the delegates came from a range of disciplines.

| **Training (RAG)** | | **Green** = On track. No risks to delivery identified.
Amber =Satisfactory. Minor issues, no risk to delivery, areas to consider in feedback.
Red = Unsatisfactory. At least one major issue identified in feedback. |

Links with NIHR Infrastructure

As ARC Lead for Child Health and Operational Research Modelling the ARC is leading national ARC network in operational research (OR). SW ARC has co-ordinated a series of network meetings across the UK which focussed on the use of OR to address key issues in the Covid-19 pandemic such as modelling demand and predicting on-going workforce and bed capacity. Further issues arising from the Covid-19 pandemic, N-CORN have concentrated on the use of modelling to help organise the vaccine roll-out for the UK population.

The ARC continues engagement across NIHR Infrastructure and cross-ARC schemes via both the National Lead and National Priority roles as well as a number of national and regional project collaborations across the themes. As well as leading Children's Health and Maternity NP the ARC are consortium members for Older People's Care and Dementia, Inequalities, Health Promotion and Prevention themes. PenARC are co-applicants or leading projects within the Multimorbidity, Inequalities, and Older People's Care and Dementia themes.

The TriARC partnership (Yorkshire and Humber and North Thames ARCs) includes projects and PhD studentships in areas of modelling and child mental health and a programme around evaluation of the Community Mental Health Framework.

South West Academic Health Science Network (AHSN): the ARC has set up a joint system with SWAHSN in a Regional Programme for Adopting Innovation building on the system piloted by Greater Manchester ARC and AHSN. Leaders from the ARC, AHSN and CRN have commenced a process of engagement and collaboration with each of three emerging Integrated Care Systems (Somerset, Devon, Cornwall) to ensure a mutually beneficial approach to: research capacity building, adoption of large studies, evaluation of local innovation and evaluation of implementation of imported evidence based innovation.

The SWAHSN, PenARC and the Association of Healthcare Analysts continue to support the regional network of business intelligence analysis – the Regional Information Analysts Network. This links with the Health Service Modelling Associates programme part-funded by the AHSN and relaunched

for the ARC.		
Specific detail was lacking in some of the examples provided as evidence in this section of the report.		

Links with NIHR Infrastructure (RAG)		**Green** = On track. No risks to delivery identified. **Amber** =Satisfactory. Minor issues, no risk to delivery, areas to consider in feedback. **Red** = Unsatisfactory. At least one major issue identified in feedback.

Links with Industry: NOCRI Team Feedback

The NIHR ARC South West Peninsula's continued work with AHSN has led to new partnerships with ICSs to evaluate and promote adoption of new innovations. A major focus of the ARC SWP is the development with the new ICSs, and industry partners of capacity in real-time analytics with the aim to develop the capacity of practitioners to engage in industry related research, especially clinical trials. During the pandemic they enhanced their EXCHANGE project to include care homes, the AHSN and NHSEI South West Integrated Personalised Care team. ARC SWP's key partnerships with SME relate to the care home sector and they have recently submitted a Social Care Research capacity building bid which is under stage 2 review. They have also maintained ongoing industry partnerships including with Network Canvass on the C2: Connecting Communities project and ICE Creates Ltd (a research design enterprise) to establish how to overcome digital inequalities for individuals who are homeless, in collaboration with Devon CCG. They are trying to develop their offer to industry by seeking an effective approach to providing PPIE input for partners who wish to conduct clinical trials and are seeking to develop links with industry engaged in education and evaluation.

Industry/Growth (RAG) - NOCRI		**Green** = On track. No risks to delivery identified. **Amber** =Satisfactory. Minor issues, no risk to delivery, areas to consider in feedback. **Red** = Unsatisfactory. At least one major issue identified in feedback.

Specific Uses of Co-Funding

The reported co-funding from Universities and Health and Care member organisations totalled £1,989,755 and was allocated with the following split:

- £788,896 to support research.
- £1,200,859 to support implementation.

The ARC met the contractual requirement in relation to the contributions from health and care member organisations (£1,266,329 ~70%) for this reporting year.

Key activities and achievements supported by co-funding:
In partnership with AHSN:
- Development of the evidence base for social prescribing;
- Best practice interventions for care homes.
- 'hot' Covid-19 hubs in primary care.
- HSMA and PSMA Programme with contribution form participating organisations
Co-funding form Torbay and South Devon FT
- Researchers in Residence Programme
- Facilitated securing £10m in funding for a new mental health facility

Operational Research Modelling for Service Design - PenCHORD We could not easily identify the key activities supported by the co-funding received in the reporting period allocated for i) research and ii) implementation.		
Co-Funding (RAG)		**Green** = On track. No risks to delivery identified. **Amber** =Satisfactory. Minor issues, no risk to delivery, areas to consider in feedback. **Red** = Unsatisfactory. At least one major issue identified in feedback.

National Priority Areas

The ARC leads Children's Health and Maternity areas and has identified four evidence-based interventions to take forward:
- Multidisciplinary Teams in Maternal Mental Health Services (MMHS),
- Trauma-Focused Cognitive-Behavioural Therapy (TF-CBT) for young people in care with post-traumatic stress disorder,
- Supervised Toothbrushing for 3-5 year olds in deprived areas, and
- Independent Domestic Violence Advisors (IDVAs) for maternity patients.

Prof Clare is a member of the Programme Management Group NIHR ARC Wessex Ageing and Dementia and Frailty Programme.

Beneficial Change Network

The ARC is collaborating with ARC West, SW AHSN and West of England AHSN whose primary focus will relate to the use of remote consultation. The main aim is to produce resources which will help services decide for whom and how remote consultation can best be deployed to streamline and improve services while minimising risk.

Feedback of Actions Required or Areas for Consideration

Section	Comment/ Action
Governance	**In the next reporting period**: ● Please report on the progress with leadership, governance and management arrangements for the ARC
Overall Progress on Milestones	**In the next reporting period**: ● In the next reporting period, please ensure the ARC provides its view of progress against milestones and objectives over the reporting period and whether the project/area is 'complete', 'on track' or 'delayed'. ● Please provide an update of progress on the activities related to the ARC's national leadership in Child Health and Operational Research Modelling.
Centre Strategy and Theme Progress	**In next reporting period:** ● Please note that for some themes it was difficult to assess progress made against the approved objectives. In future reports CCF would ask themes to ensure progress against each objective is clearly articulated

	and addressed individually. ● Please provide clear updates against all the reported objectives and ensure progress within each Theme is provided in relation to the medium-term objectives. It would be useful for the ARC to consistently: ○ specify the progress linked to each objective; ○ provide its view of progress against milestones and objectives over the reporting period and whether the project/area is 'complete', 'on track' or 'delayed'.
Impact on Healthcare Provision and Public Health	**No action required.**
Links with NIHR Infrastructure	**In next reporting period:** ● CCF would ask that the team provide specific examples of the work undertaken in collaboration with other parts of NIHR infrastructure.
Engagement with Industry	**No action required.**
PPIE	**In next reporting period:** ● We would welcome a brief update on the BMedSci student project involved in analysing the impact of PPIE on health research findings.
Training	**No action required.**
Co-Funding	**In next reporting period:** ● CCF would ask for future reports to clearly identify the key activities supported by the co-funding received in the reporting period allocated for i) research and ii) implementation.

For the Director: Summary of Action Required

Dear Professor Logan,

We thank you and the ARC staff for a strong year's work, and we would like to thank all staff for their contribution to delivering the work programme over the year and for the time taken to complete the annual report.

We congratulate the team on the success of the National Priority funding bid. We would ask in future reports that the themes clearly articulate progress for each project. If a specific project is being cited as evidence, please specify what the project is delivering.

The team at CCF struggled to assess the progress of the ARC against each specific objective across the majority of its themes. This has led to a Amber rating as we could not fully assess the progress made against the agreed milestones. Please ensure that the updates provide sufficient clarity for a non-expert to understand - the current report provided a list of bullet points. Going forwards, please ensure that theme leaders clearly articulate progress against the agreed objectives and provide their assessment as to whether the objective is complete, on going or delayed.

While there are no immediate actions requested for this reporting period we have highlighted some requests to provide more detail on specific aspects in the next year's annual report, please review the table above for the additional detail requested. Once again, thank you for your endeavours in directing the NIHR ARC at this challenging time.

Kind regards,
NIHR CCF