NIHR | National Institute for Health and Care Research

NIHR APPLIED RESEARCH COLLABORATIONS (ARCs)

ANNUAL REPORT - FY 2024-25

Please complete the form using a font size no smaller than 10 point (Arial).
Please submit as a Word Document.

1. NIHR ARC Details

Name of the NIHR Applied Research Collaborations (ARC): NIHR Applied Research Collaboration South West Peninsula (PenARC)

Name, job title, address, email and telephone number of an individual to whom any queries on this Progress Report will be referred:

Name: Jo Smith / Chris Chambers

Job Title: NIHR ARC Operations Deputy Director / Director

Email: jo.smith@plymouth.ac.uk / c.chambers3@exeter.ac.uk

Tel: 07734 109106 / 01392 722924

2. Declarations and Signatures

Contact details of the NHS Organisation administering the NIHR ARC award:

Name of the NHS Organisation: Royal Devon University Healthcare NHS Foundation Trust

Address: Barrack Road, Exeter, EX2 5DW

Name of the Chief Executive of the NHS organisation: Sam Higginson

"I hereby confirm, as delegated authority of the host organisation administering the NIHR Applied Research Collaboration, that the Annual Reports have been completed in accordance with the guidance issued by the Department of Health and provide an accurate representation of the activities of the NIHR Applied Research Collaborations for early translational (experimental medicine) research and hereby assign all Intellectual Property rights to which I am/we are legally entitled in the Reports defined in the Contract for this award between myself/ourselves and the Secretary of State for Health and Social Care to the Secretary of State for Health and Social Care on behalf of the Crown."

3. MANAGEMENT & GOVERNANCE OF NIHR ARC AWARD

3.1 Please highlight any significant changes to management & governance arrangements of the ARC award as described in your original application, such as:

- Change of Director or other key personnel
- Any changes to governance structure
- Please confirm that your oversight board has met; please highlight any pertinent direction/steer provided by the board and how your ARC has responded

250 words

Governance structure: There were no changes to PenARC's governance structure or Management Board membership in the reporting period. Two member organisations formally changed their names:

- South West Academic Health Science Network *became* Health Innovation South West
- NIHR Clinical Research Network South West Peninsula *became* NIHR South West Peninsula Regional Research Delivery Network.

Board meetings: The PenARC Management Board (Oversight Board) met in April 2024 (virtual meeting) and in November 2024 (in person, as part of our Research Knowledge Exchange Event). Discussions at both meetings focused primarily on the forthcoming application for a further round of ARC funding, with particular emphasis on enhancing the ARC's contribution to wealth creation via societal impact, and equitable delivery in underserved communities. Members suggested that engagement with regional ICBs and with initiatives designed to facilitate closer partnership working between services and research (e.g. the PRIP, REN and HDRCs) will be crucial to identification of opportunities to address socioeconomic disparity through service improvement. In response, we have established regular monthly meetings between PenARC's Senior Management Team and representatives of the SW ICBs and HISW to strengthen this engagement.

Changes to key personnel:
In line with the requirements of the new ARC call and in preparation for our bid submission, Professor Vashti Berry was appointed as PenARC Co-Director in October 2024. Operations Director Greer Husbands left PenARC in January 2025. Following a competitive recruitment process, including input from member organisations and public collaborators, Chris Chambers took up this post on 01/04/2025.

3.2 Please highlight progress made in implementing the approved ARC strategy, including:

- Any changes to the approved strategy
- Any risks to delivery of the ARC award identified and plans for mitigation
  - Please include risks to delivery of theme strategies as well as any additional initiatives (if applicable)
- Top three significant achievements by the ARC during the financial year

700 words

Please provide an update on progress against the ARC's overarching objectives using the attached Objective Tracking Table.

We have made no changes to the ARC strategy and the structure of the partnership remains unchanged.

The difficulties faced by the health and social care sector continue to pose significant challenges to delivery of research and service improvement. In particular, the recently announced changes to NHSE and cuts to the ICBs are a significant issue. We work closely with the ICBs and staff in these organisations are inevitably preoccupied with whether their roles will survive staff reductions. Health Innovation South West (HISW) is licensed by NHSE (with support from OLS) and these changes have also raised uncertainties about its long-term funding. They are core partners for the ARC, particularly as we seek to achieve impact from research evidence. Both HISW and the ICBs are partners with the ARC and Universities in the Peninsula Research and Innovation Partnership (PRIP), which aims to collectively focus efforts on the most important areas for

the services and provide senior support for implementation. The strength (and successes) of this partnership and the existing relationships we have developed with staff in all parts of the health and social care system will help to mitigate the effects of difficulties faced on an organisational level.

It is difficult to choose which accomplishments to highlight but these 3 provide some idea of the breadth of our work:

1. **Preventing Incontinence through Midwife-Led Training: APPEAL**
   Five million UK women live with urinary incontinence which often develops after pregnancy. PenARC-supported researchers co-developed *APPEAL*, a midwife-led training programme that empowers women with simple pelvic floor exercises during pregnancy that has been shown to reduce the risk of them developing incontinence. The intervention has been significantly adapted through extensive PPI work with women and schoolgirls to improve implementability. APPEAL has been implemented 9 NHS Trusts and is being scaled further with Health Innovation South West and parenting charities with adaptations being developed to enable primary care and community delivery.

2. The training phase of the sixth round of the **Health Service Modelling Associates (HSMA)** programme (including 170 associates) is complete and the project phase has begun. Changing HSMA project management has enable us to support 65 projects from the HSMA6 cohort across 45 organisations. Projects cover diverse areas including hospice care, cancer pathways, and children's ADHD pathways. Course material (including 144 hours of teaching - hsma.co.uk/learn) and five free eBooks (hsma.co.uk/books) are now freely available to non-participants.

3. PenARC led the cross-ARC national **Children's Health and Maternity programme** (https://arc-swp.nihr.ac.uk/research/projects/childrens-health-and-maternity-programme/). We held an extensive prioritisation process with public collaborators, 3rd sector organisations, practitioners and policy makers to select four evidence-based programmes for adoption.

   ESMI-III: The Effectiveness and Implementation of Maternal Mental Health Services.

   BRUSH (optimising toothBrushing pRogrammes in nUrseries and ScHools).

   Trauma-focused Cognitive Behavioural Therapy for children in care.

   Evaluating models of health-based mateRnIty Violence Advisor (RIVA) provision in maternity services.

   All four programmes have achieved substantial direct impact with impact on services and health. Each programme included research aimed at better understanding how implementation can be supported and have produced materials to support further implementation. The overall programme team have worked with projects to evaluate the effectiveness of strategies employed by research teams to support implementation.

   Three of the four projects deal with extremely sensitive issues - To help navigating this complexity, the PPI team established a community of practice to explore challenges surrounding public involvement on topics that carry potential stigma, trauma or risk. With 5 public collaborators they have explored the experiences of public collaborators and researchers in public involvement in research on sensitive topics, building a deeper understanding of what supports or hinders involvement in these contexts. The team is now developing practical guidance to support safe and inclusive public involvement that considers the emotional and ethical challenges that come with this work. The PPI team used creative methods to facilitate an inclusive environment and public collaborators responded by creating poems to reflect their experiences. The poetic power of patient and public voices - PenARC

3.3 Co-Funding (until October 2024)
Please provide:

- A narrative on key activities supported by the co-funding received in the reporting period allocated for;

i) research; and,
ii) implementation;

- A narrative on key achievements arising from the co-funding received in the reporting period, clearly indicating the Specific Theme it sits within and whether the achievement relates to applied health research and/or implementation;

500 words

We actively collaborate with regional partners to co-produce research, helping them address service demands and emerging research questions. A significant portion of our work also involves national organisations and groups beyond PenARC's geographical scope, which are not formal partners in our Collaboration and whose co-funding contributions cannot be included. For example, in this financial year, we are unable to report over £488k in co-funding from national organizations that have participated in our HSMA programme.

Within the reporting period the total amount of co-funding from formal partners leveraged by PenARC was £435,579 providing a 52% co-funding equivalent. In addition, we leveraged University Member co-funding totalling £210,670.

Key Activities and Achievements
Within our mental health theme, we have co-produced research with Somerset NHS Foundation Trust on The Realist Evaluation of changes to the Care Programme Approach, which allowed them to consider how best to further optimise and improve key working in Somerset. ***(Mental Health Theme)***

Cornwall Council and Cornwall Partnership NHS Foundation Trust contributed substantial staff time to the Trauma-focused Cognitive Behavioural Therapy for children in care (ADaPT) project which aims to identify the key barriers and facilitators to services providing best-evidenced cognitive-behavioural based mental health treatments to children and young people with experience of the care system. ***(Child Health & Maternity and Mental Health Themes)***

Evaluating models of health-based mateRnIty Violence Advisor (RIVA) provision in maternity services similarly benefited from input from Torbay and South Devon NHS Foundation Trust, University Hospitals Plymouth NHS Trust and NHS Devon Integrated Care Board. ***(Child Health & Maternity)***

The HSMA Programme, partially funded via the NHS Digital Academy and HISW, equips participants with new skills to develop evidence-based solutions for challenges identified by their employers. Graduates become part of a growing alumni network that remains actively engaged. With both local and national impact, the programme is accredited by the Association of Professional Healthcare Analysts. ***(Methods for Research and Improvement Theme)***

The PARC project 'Peninsula Adult Social Care Research Collaborative' is working with a range of local partners who have contributed towards co-funding. These have included Somerset, Torbay and Cornwall Councils, as well as working with the latest Health Determinants Research Collaborative in Cornwall. ***(Complex Care Theme)***

The 'Understanding and measuring dementia stigma in different cultural contexts' project has been working with our formal partner Alzheimer's Society and also Alzheimer's Disease International to advance the understanding of dementia stigma in different cultures, using England as a culturally diverse case study, to directly inform national policy and practice and subsequent global policy. ***(Dementia Theme)***

3.4 Please describe progress against the ARC's plans for collaborative working. This should include how the ARC is working with:

- Other ARCs on national projects;
- Local member organisations that comprise the Collaboration;
- Other NIHR Infrastructure

Please include a brief description of any significant successes or any challenges faced.

500 words

We work closely with multiple ARCs, particularly through the National Priority Areas, including the Children's Health and Maternity (CHM) and Ageing, Dementia and Frailty programmes, increasing our ability to spread impact.

Our work on CHM involved the following ARCs: Yorkshire and Humber, North East and North Cumbria, North Thames, North West Coast, Northwest London, South London, West and West Midlands. Examples included the BRUSH project involving the co-design of an implementation toolkit which increased uptake and maintenance of toothbrushing programmes in nurseries; the ADaPT project produced detailed guidance on what helps and hinders individual professionals and mental health teams in the delivery of best-evidence NICE recommended treatments like trauma-focused CBT, for young people in care. Our collaboration on Ageing, Dementia and Frailty contributed to NHSE policy recommendations for strengthening community-based falls prevention in England.

We interact extensively with local partners, supported by HISW and the Peninsula Research & Innovation Programme (PRIP) which brings together ICBs, NIHR and universities to focus on key health and social care problems. We held a Research Knowledge Exchange event in November 2024 to showcase some outputs of this partnership to senior representatives from health and social care organisations and the value generated by our collaboration in research and capacity building. Examples included:

- Peninsula Metal Health Research Associates Programme, which aims, in collaboration with partners such as Cornwall Partnership NHS Foundation Trust and Livewell Southwest, to promote integrated working within mental health services whilst building research capacity in mental health in the South West.
- The IDEAL project to improve the experience of dementia and enhance active life, including a collaboration with Devon Partnership Trust to use IDEAL resources to enhance post-diagnostic support
- The APPEAL project to train midwives to support young parents from underserved communities to perform pelvic floor exercises during pregnancy to prevent urinary incontinence, in collaboration with Health Innovation South West and maternity services in Cornwall, Devon and Somerset

In addition to collaborating with local members we are also collaborating on two research projects with ARC West, along with the Bristol, North Somerset, and South Gloucestershire Integrated Care Board (BNSSG ICB). These projects focus on easing pressure on NHS services and social care by looking at what happens when patients leave the hospital. One project focuses on developing tools to support decision-making around patient discharge, while the other aims to design more effective pathways for patients to leave the hospital. Both utilise routinely collected hospital data and are part of a trial of the new South West Secure Data Environment.

Our strategic partnership with HISW continues to inform packages of activity within the Peninsula Research & Innovation Programme (PRIP), bringing together representation from ICBs and provider organisations to seek, implement and evaluate solutions to common problems across the region.

We continue to capitalise on our strong links with colleagues in other parts of NIHR infrastructure, most notably NIHR Clinical Research Network (CRN) South West Peninsula, Exeter Biomedical Research Centre (BRC) and NIHR School for Primary Care Research, including sharing PPIE and methodological expertise.

3.5 Please describe how the NIHR ARC is:

- Supporting the evaluations of HIN priority programmes (local evaluations, high priority service innovations, such as digital innovations). Please tell us how the research addresses regional/local needs, increases the strength of evidence, the outcomes/outputs as well as the potential impact
- Supporting the use of the evidence it generates to enable changes in practice or policy
- Any challenges faced

500 words

The NIHR ARC's partnership with Health Innovation South West (HISW) is central to achieving impact and to collaborations with industry. This strategic relationship—underpinned by reciprocal Board membership

between the ARC Director and the HISW CEO, as well as co-produced projects—ensures alignment of priorities, and methodologies. This enables efficient local evaluation and the rapid scale-up of high-priority service innovations, through the national Health Innovation Network (HIN). HISW and PenARC have shared objectives and overlapping areas

To effectively tackle health inequalities, meet national health and care priorities, and support economic growth, the NIHR ARC works across systems and sectors rather than relying on isolated partnerships. This cross-organisational approach is exemplified by our role in the Peninsula Research & Innovation Partnership (PRIP), a collaborative initiative that includes our three ICB partners, both academic institutions, Health Innovation South West (HISW), and the NIHR SWPRRDN. The aim is to ensure that all partners seek to address core issues facing the health and care system and to provide a mechanism to enhance spread of evidence-based innovation. As a founding member, we helped shape PRIP's shared missions, which directly inform our ARC programmes of work.

A key example is the ARC-led ExCHANGE project (University of Exeter Care Homes Knowledge Collaboration), delivered in partnership with HISW, Alzheimer's Society, and the Dunhill Medical Trust. This initiative directly addressed regional care home sector needs by co-producing solutions with small-provider care homes. It led to the creation of the Devon Care Homes Collaborative—a sustainable quality improvement network of over 100 care homes.

The project not only generated a strong evidence base around co-production in care settings but also demonstrated measurable improvements in practice and collaboration across providers. Building on this, we are now working with HISW to evaluate the transferability of our co-production approach—where care-home owners and residents' families are equal partners—to other regions, supporting wider system change and amplifying impact.

By pooling expertise and resources through PRIP, we can evaluate innovations in real-world settings more effectively. For instance, our collaborative work on the Community Mental Health Framework across Somerset, East London, and Oxford has involved integrated health, social care, and voluntary sector partners. This evaluation has provided crucial evidence on the implementation of NHS England's new place-based mental health care model, supporting its refinement and broader rollout.

The rapid changes in the architecture of ICBs and of NHSE are likely to have significant consequences for HISW and for the PRIP with changes in geographic coverage and in membership. We are currently working as a system to attempt to ensure continuity.

4. Patient and Public Involvement and Engagement (1000 words)

4.1 How have you addressed feedback from last year's report?

4.2 Please describe how you are promoting the UK Standards for Public Involvement in your NIHR award. In particular, how you are:

- Engaging and involving underserved communities in the delivery of your PPIE strategy;
- Providing inclusive opportunities for public members in the delivery of your PPIE plans;
- Involving public members in governance of your work and any value this has added;
- Collaborating with other relevant stakeholders in the delivery of your PPIE strategy.

4.3 Please give examples of when you have provided PPIE advice to industry or VCSE partners e.g study design, patient information leaflets and any lessons learnt.

4.4 Please highlight any challenges or barriers experienced in the delivery of your PPIE strategy in this reporting period and any lessons learned

***The changes, benefits and learning gained from the insights and experiences of patients, carers and the public when working in partnership with researchers and others involved in NIHR initiatives-Co-produced by: NIHR Public Involvement Impact Working Group 2019**

4.1 How have you addressed feedback from last year's report?

Last year's report did not require further actions.

4.2 How we are promoting the UK Standards for Public Involvement.

Engaging and involving underserved communities

PPIE team members have increased their outreach in communities. We take a reciprocal approach to involvement by helping out at community events while enabling researchers and community members to discuss research. For example, we connected researchers on a study about financial wellbeing support with parents who feel marginalised by services. We have worked with parents who would like to conduct their own research. Some of the impact from this work is immediate, as in the example of people from underserved groups informing ongoing research, some is longer term, as in the example of upskilling community members to initiate research.

Our work with secondary schools in low income rural and coastal areas around research priorities inspired a project on emotional-based school avoidance. We hope to submit a funding application later this year based on these ideas.

Providing inclusive opportunities

We use creative approaches, such as poetry, music, play and a health and social care research-themed escape room to bring joy to PPIE and make it approachable for people who do not like sitting in formal meetings.

We have developed a network of placed-based partnerships within communities in Devon with a focus on health inequalities. We are enhancing our visibility in communities to enable serendipitous opportunities for involvement. For example, through our craft workshop with Inclusive Exeter we recruited someone from the Philippines, who in turn is enabling connections with people working in the healthcare sector and seldom involved in research.

Involvement in governance and added value

We continue to have public representation on management board meetings. We find that this helps bring the importance of research for patients' benefits to the forefront of discussions. Public collaborators are involved in recruitment of PenARC core staff, for example our new Operations Director. This enhances our ability to assess how personable someone is, and their communication skills. For the application for ARC 2 we ran several workshops with public collaborators to inform our overarching strategy, as well as those for research inclusion and PPIE. Their perspectives enhanced our sense of urgency to achieve impact and considering how best to reach this aim.

Collaborating with other relevant stakeholders

We work closely with the Regional Research Delivery Network, Exeter BRC, the HRC and the CRF, as well as the NIHR Schools for Primary Care and Public Health. We have established partnerships with charities like The Brilliant Club, Devon and Cornwall Refugee Service and Inclusive Exeter, and smaller community-grown initiatives. We work with Cornwall Carers Service, Hospital Radio Devon and Cornwall Healthwatch. We work closely with NHSE's Research Engagement Networks (RENs).

4.3 Examples of providing PPIE advice to industry or VCSE partners

We supported Target Health Systems, a Primary Care software provider, on their NIHR grant application to test their software at scale.

We advised Devon Air Ambulance about setting up a PPIE group.

Through REN we have worked with SPARK Somerset (an umbrella VCSE organisation for Somerset) and gave a talk about PPIE in health research at an event for Somerset VCSE organisations, as well as a stall for attendees to learn about PPIE.

4.4 Challenges to PPIE and lessons learned

Researchers have a lot of pressure on their time and their job roles are wide spanning, including teaching and writing for publication. Their administration tasks are increasing in relation to all activities. This means that there is less time for PPIE. By sharing resources from the BRC, CRF, ARC and HRC we have set up regular PPIE cafes where researchers can meet members of the public and pitch their research idea to them. While this does not guarantee input from someone with lived experience, it is a chance for time-poor researchers to speak about their research ideas and test them out in plain English.

4.5 Please provide a specific example of how your ARC has involved patients and/or the public in the design/development of a research project. What was the nature of their contribution and how did it affect the direction of the project? What are the expected impacts of the research, and any lessons learnt?

The Routes to Wellness project aimed to co-design a peer support model for improving refugees' mental health and wellbeing. People with lived experience informed the project from the very start and have impacted the project in numerous ways, we highlight three of them here:

Terminology: the project avoids terms that can be confusing or upsetting for people due to their interaction with services and the Home Office. For example, we have not used the word ‘interview’ because this is associated with the Home Office interview to assess someone’s case for asylum.

Study information materials: people with lived experience emphasised the importance of having a ‘trust building phase’ in the study. We ensured this was highlighted in the information materials about the study, and the researchers spent time in community settings getting to know people, before recruitment started.

Study focus: we initially assumed that the focus of the study would be primarily on people’s mental health and social isolation, but people with lived experience have pointed out that there are even more basic needs that are typically unmet such as access to GPs or education, sleep deprivation, understanding of the health service system and language skills.

Lessons learned
When designing research to reduce inequalities it is essential to work with people who understand the world from the perspective of being alienated and mistreated. This work will only be impactful if people are allowed time to understand what research is and are enabled to provide impact onto the research ideas and focus. With increasing time pressures on researchers there is a risk that involvement is tokenistic and missing the key ingredients for equal collaboration. This project was enabled through the tenacity and passion of all involved. A considerable amount of private time was donated to the study by service providers, people with lived experience and researchers, to allow for relationship building.

5. Academic Career Development (up to 1000 words)

5.1 Progress and Deviations. Please provide progress against your academic career development objectives in the objectives tracker. Please request any additional objectives for the coming year.

5.2 Impact. Please describe what has worked well and provide examples of impact. Examples of academic career development impact may include (but are not limited to):

- Training courses/teaching that have been particularly successful that could be shared with other parts of the Infrastructure;
- Preparatory fellowships/funding that have led to successful applications for personal/career development funding;
- NIHR Academy members leveraging additional research funding.
- Please specifically describe the impact of the Infrastructure and Schools Pre-Application Support Funding (if applicable) and how this has supported those who need additional assistance to apply for NIHR Career Development Funding, in particular noting those groups and professionals underrepresented in NIHR.

5.3 Collaborations. Please give details of ongoing or planned collaborative academic career development and research capacity building activities with other parts of the NIHR infrastructure, wider NIHR and other partners.

5.4 Equality, Diversity & Inclusion. Please outline how you are supporting equity of opportunities through capacity building and training offered.

5.5 Sharing best practice. Please provide a short paragraph summarising your academic career development and research capacity building activity over the past year that can be circulated to all other academic career development leads. Please include any highlights, novel or innovative approaches to academic career development.

5.6 Expenditure on training. Please specify 2024-25 NIHR spend on academic career development. For ARCs, please include any official co-funded expenditure.
Please provide the overall amount of expenditure on academic career development for this reporting period. This should include:

- Cohort costs for networking/training/events for multiple NIHR Academy members.
- Salary and support costs for NIHR Academy members (can include items such as travel, training, equipment, consumables and PCIEP costs).
- Costs for wider academic career development and development
- The overall amount spent this financial year of the Infrastructure and Schools Pre-Application Support Funding (if applicable). The total should include salary, supervisory/mentorship, training and development, patient and public involvement and accessibility/reasonable adjustment costs.

5.1 Progress and Deviations
We continue to run regular methodology advice clinics, webinars/seminars and forums for academic and health and social care colleagues.

Demand for the Making Sense of Evidence (MSE) programme, offering online and in-person workshops and web-based resources, continues. Despite reduced staffing capacity, we have maintained a good level of activity and reach across the region with 22 workshops and 2 networking events totalling over 300 delegates comprising GPs, nurses, therapists, local council staff, mental health practitioners and healthcare assistants.

Our sixth round of the Health Service Modelling Associates (HSMA) is underway, which saw over 170 associates learn important skills in modelling and data science. By changing the way HSMA projects are managed, we can now support a higher number of projects, with cohort 6 registering over 65 projects across more than 45 organisations. Current projects cover diverse areas including hospice care, cancer pathways, and children's ADHD provision. We have completed a total redesign of the course website (hsma.co.uk), significantly improving the ability for non-course participants to access teaching material. We have also written five free eBooks and provided easier access to details of current and previous projects.

In 2024-25 with ARC West and NHSE (South West), eighteen Integrated Clinical and Practitioner Academic (ICA) internships were funded. An application has been submitted, led by University Hospitals Plymouth, to host the future Internship programme across the region.

Of our remaining three PhD students, one has been awarded their PhD in the past year and is now working in an academic role, one has submitted and awaiting a viva and one (part-time) student is currently in the final stages of data collection.

No deviations

5.2 Impact

Our approach to delivering impact in relation to academic career development focuses on both ensuing "taster" opportunities for people from a wide range of backgrounds to experience research and actively nurturing the careers of those who opt to continue.

Our NIHR Post-doctoral Fellowship writing retreat in June 2024 (supported by NIHR Academy Event funding) was attended by 13 delegates. Group members came from a wide range of professional backgrounds, including pharmacy, nursing, medicine and physiotherapy and non-clinical/practitioner researchers from across various NHS and HEI organisations across the region and were gender and ethnically diverse. The event has resulted in two successful NIHR post-doctoral career development awards; a Development and Skills Enhancement (DSE) award and a Senior Clinical Practitioner Researcher Award, and another DSE under review; two successful appointments to BRC Translational Fellowships; one successful grant with Arthritis Research UK; and an RfPB application as Chief Investigator (awaiting outcome). Quotes from participants included: "*guidance and support provided on the writing retreat last year was instrumental in my success" and* "*it was incredibly useful and helped me develop grant writing skills"*

Our second highly successful Patient and Public Involvement and Engagement 3-day Summer School was co-designed and co-delivered by public collaborators, PPI facilitators/staff and health researchers. In 2024 we had 31 attendees and covered multiple practical topics around PPIE (such as 'creating conditions for engaged research', 'creating safe spaces', 'procedural justice and public involvement', 'Working with seldom heard groups') as well as networking and hearing from public members about their experiences getting involved in research.

Our "Pre-application award funding" aims to promote academic careers for practitioners and methodologists, specifically by providing protected time to develop career development funding applications. Round 1 prioritised nurses, midwives, AHPs, public health professionals and pharmacists and the 4 successful applicants (two physiotherapists, a dietician and an occupational therapist) began their placements in early 2025. Round 2 prioritised methodologists and social care workers. We were able to award funding to 4 people who have recently begun their placements.

Our Academic Career Development (ACD) lead Goodwin and others continue to support NIHR Academy Career Development applications. In the past 3 years this has led to 4 pre-doctoral fellowships, 1 advanced, 1 senior clinical and research practitioner award (SCPRA), and 1 advanced fellowship within the region, and a further 1 predoctoral fellowship,1 development and skills enhancement award (DSE) and 3 advanced fellowships nationally.

5.3 Collaborations

The Post-doctoral fellowship two-day writing retreat mentioned above was a collaboration between the local NIHR Academic Career Development (ACD) lead and training leads from the ARC, BRC, SPCR, SPHR, and the Policy Research Unit (Dementia). The local South West ACD leads group (now also including the ACD lead from the new Heath Tech Research Centre) meet regularly to plan local activities for cross infrastructure for Academy Members.

Our ACD lead (Goodwin) was awarded funding for a Dunhill Medical Trust Doctoral Training Programme for Ageing Research in collaboration with Exeter BRC. This funding, including match, includes support for 5 PhD students. Additional capacity building funding for a Lewy Body Dementia Network as part of a national collaboration (including Exeter BRC) from the Alzheimer's Society will fund 4 Exeter PhD students (including one clinical studentship).

5.4 Equality, Diversity & Inclusion

Events are planned around diverse needs and accessibility. Our training and development activities are designed around the needs of underserved professionals such as AHPs or those working in underserved settings, such as local authorities or care homes, to maximise opportunities to engage.

5.5 Sharing Best Practice
The aim of our training is both to develop the researchers of the future and increase capacity within the health economy to use and generate evidence. We have well-supported Academy members and an active programme in PenARC and partner organisations to provide staff with research training and to help them work towards NIHR Fellowships or securing external funding.
We offer a range of knowledge and skill development opportunities for our community from methodology "clinics", short courses such as the PPIE Summer School, and longer secondments such as the HSMA programme. These activities are both valuable in themselves but also provide foundations for long term relationships to support impact.

5.6 Expenditure on Training
The salary and support costs for NIHR Academy Members (PhD Studentships and Dementia Fellows) during the period totalled £294,588. A further £79,204 was spent on wider academic career development including Pre Application Support funding.

A total of £120,376 was spent on networking, training and events, of which £118,154 was leveraged as co-funding from our Health Service Modelling Associates (HSMA) programme.

5.7 Please tell us about how you are enabling and promoting a positive and inclusive research culture across the ARC.

300 words

Our PPIE lead (Liabo) has taken on a strategic EDI leadership role, and we will appoint an EDI lead jointly with Exeter BRC. Liabo represents the ARC within the regular Peninsula-wide NIHR Infrastructure EDI-focused meetings. These meetings focus on sharing good practice, avoiding duplication and planning joint capacity building.

We will continue to develop and support an inclusive workforce through our recruitment, working practices and operational planning, taking action to address under-representation. We have recently started collecting EDI data in our capacity building opportunities to better understand who is applying for Fellowships/opportunities and being successful. This will help us reflect on what we currently do to ensure future opportunities are accessible and we are maximising capacity to succeed.

We remain committed to promoting an equal, diverse and inclusive research culture across the ARC. Both University partners are signatories to the Researcher Development Concordat and UoP has a European Commission HR Excellence in Research Award.

Our partner organisations offer Equality, Diversity and Inclusion training and both Universities host Race Equality Groups and BME Networks, as well as a variety of cultural training initiatives and services to support staff to flourish. The University of Plymouth is a Top 10 University for LGBT+ Inclusion and holds a Stonewall Gold Employer Award for LGBT+ Inclusion. The University of Exeter holds a Stonewall Silver Employer Award.

Led by the PPIE team, we are self-assessing to the NIHR Race Equality framework and team members are part of the Race Equality Framework community of practice. We provide accessibility aids such as interpreters and signing in our PPIE and have developed resources for working with children/young people, those living with dementia, and for people with learning disabilities.

6. Knowledge Mobilisation Initiative

6.1 Please explain:
- **How you have chosen 'problems' to address and who you involved in the prioritisation process**
- **How you will 'pull' from across the breadth of the ARC relationships, communities, organisations/stakeholders which can include NIHR Infrastructure, Programmes and**

initiatives through multi/trans-disciplinary working and collaboration and bringing together researchers, practitioners, and managers across clinical and academic disciplines to address the 'problems'

- **What barriers/challenges, including to recruitment, you have encountered and how you plan to overcome them**
- **How you will ensure sustainability of the work beyond the funding period**

1000 words

Our aim in relation to the Knowledge Mobilisation (KM) Initiative, as in all our work, has been to ensure our activity is aligned with the expressed needs of local communities, the agreed priorities of local and regional organisations, and the explicit focus of national policymakers. And, as in everything we do, we recognise and are guided by PPIE, by issues of research inclusion and health inequalities, and – an issue of particular pertinence to our geography – to the challenges faced by people living in rural and coastal communities. Based on these considerations and guided by the regional priorities already agreed through the PRIP (the Peninsula Research and Innovation Partnership, described above), we set down a list of criteria for the type of project that we wanted to take forward through the KM Initiative.

We identified our first cohort of KM Fellows through an open recruitment process. We opened applications to people who were part of the health and social care workforce, inviting them to outline a project that met, or came close to meeting, our stated criteria. Ahead of the closing date we organised two webinars to publicise the programme and to answer questions; more than 60 people attended one or other of the webinars and we received 32 full applications for the Fellowships. We shortlisted and interviewed candidates in December 2024 and appointed three, of whom the first began in March 2025 and the others shortly afterwards. Our Fellows are working in very different settings: one in maternity units, one in ED, and one in the community with men experiencing homelessness and mental health problems.

We were pleased with the high level of interest in the programme, and with the three Fellows who have taken up the Fellowships, but the relevance and quality of the applications we received was very variable. The main weakness of unsuccessful applications was the lack of information provided about the evidence supporting the work proposed; some applicants mistook the Fellowships as an opportunity to do research rather than KM work. In response, we followed up with unsuccessful applicants who had put forward promising proposals to either explore ways for them to work with us or to help them identify other routes along which they could develop their ideas. We also decided to take a different approach when recruiting the second cohort of KM Fellows. Rather than run an open recruitment process, we decided to work proactively with capacity-development and innovation leads in our partner organisations to identify practitioners and projects with the potential to deliver impact as part of the KM Initiative.

The other noteworthy challenge that we had to address related to timing. The need to deliver existing commitments, to arrange cover for elements of Fellows' existing roles, and to get sign-off on financial and contractual paperwork delayed the start dates of our first cohort. We have put in place mitigation measures to minimise the future effects of these issues. We have not encountered any other significant barriers or challenges.

Each of our Fellows is supported by two mentors. One of these is an experienced member of our KM team; the other is a senior manager, practitioner, or practitioner-academic from the Fellow's host organisation or profession. Having this dual model of mentorship helps avoid silo working and, by pulling together researchers and practitioners from different disciplinary backgrounds, gives our Fellows the opportunity to learn from different approaches to solving the problems they are tackling, while at the same time giving the mentors the chance to learn from the Fellow and from each other. We encourage Fellows to contribute to and participate in our ongoing KM support and training activities during (and after) their Fellowships, such as our monthly Implementation Science and Knowledge Mobilisation Discussion Forum. Alongside other activities, this provides an opportunity for researchers and practitioners with a shared interest in knowledge mobilisation and implementation to learn about cutting edge research and developments in the field and their application to their own and others' practice.

In principle, a successful Fellowship will deliver results that lead to sustained changes to, and improvements in, practice and outcomes for service users, services, and the broader health economy. In practice, other considerations are important if we are to sustain the work of the Fellows beyond the funding period. We support each KM Fellow to reflect on and plan for the continuation of their KM activities beyond the term of

their Fellowship and work with them to identify other possible sources of funding for their work. We are supporting our KM Fellows to develop a local community of practice and encouraging them to participate fully in the national network of Knowledge Mobilisation Fellows, each of which provides a potential avenue for ongoing development and support once their Fellowships officially end. Finally, we will support Fellows to disseminate the learning from their projects locally, regionally, and nationally, giving them the opportunity to connect with others pursuing similar goals and opening the way to additional opportunities to spread and scale their work.

6.2 Please describe how your capacity building plans:

- **demonstrate commitment to equality, diversity and inclusion**
- **will have an impact on researchers, practitioners and policy makers working with your ARC**
- **will fill skills/capacity gaps at an organisational and systems level**

300 words

Our commitment to diversity, equity, and inclusion is apparent in our recruitment and selection of Fellows (we emphasise diversity), our identification of KM projects (we favour those that will most benefit underserved populations), and our monitoring activity (we are ensuring that we capture activity and outcomes related to equity and inclusion). By embedding Fellowships in partner organisations, we align our EDI approach with theirs and enable collaboration on related issues.

We treat knowledge mobilisation as a seamless part of our activities in PenARC rather than as a separate area. This involves ensuring that research questions are delineated in collaboration with those who need the information, notably policy makers, service providers (commissioners, managers, practitioners) and service users. They work with us to choose issues to address, help to design and conduct the research, and collaborate with us in planning dissemination and implementation activities. As such, we aim to integrate knowledge mobilisation with our capacity building activities.

A substantial part of the capacity building programme is aimed at people who work within health and social care, often seconding them part-time from their usual activities to build skills in research and implementation and use these to address issues of direct relevance to their organisations. This approach helps to increase the likelihood of implementation. Additionally, the Making Sense of Evidence workshops focus not just on understanding evidence but how to use that evidence to make effective health and social care decisions. The Health Service Modelling Associates programme (HSMA) seeks to build a skill base in simulation and modelling techniques to support decisions within health and social care organisations. Meanwhile, the Creative Communications seminar series run by our Evidence Synthesis Team, aims to help research communicate their research in more creative and accessible ways.

Additionally, PenARC information specialists continue to run ad hoc systematic review search workshops for NHS Librarians. This empowers NHS librarians to help practitioners develop research questions and perform higher quality evidence reviews.

6.3 Please describe how you are working with the Coordination Lead to:

- **Support training and development of your KM fellows**
- **Work collaboratively to overcome challenges and share learning**
- **Monitor the effectiveness of the knowledge mobilisation efforts**
- **Increase the visibility of the KM work**

300 words

We value the opportunity to work closely with Greater Manchester ARC and other ARCs to support knowledge mobilisation endeavours of the ARCs, including through the Knowledge Mobilisation Fellowship programme. We have participated in regular online meetings of the Implementation Leads and more recently in meetings of Knowledge Mobilisation Leads, including the one-day in-person event in Manchester in November 2024. We have also contributed to the development of the cross-ARC knowledge mobilisation strategy and seek to work with colleagues in the network to overcome challenges and share learning.

We work closely with KM Fellows as they come on board to identify their training and development needs and will collate and pas this information to the Coordinating Centre at the appropriate time. We share training and development opportunities advertised through the ARC Knowledge Mobilisation network with Fellows,

including the forthcoming online UK Knowledge Mobilisation Forum (April/May 2025). We will also collect data in line with the Coordinating Centre Knowledge Mobilisation logic model to support monitoring of the effectiveness of knowledge mobilisation efforts.

We are working with Knowledge Mobilisation Fellows to produce written summaries of their projects for the PenARC website, to be accompanied by short videos of them describing the focus and nature of their respective projects.

7. NIHR ARC National Lead Area (if applicable)

Please provide specific examples on how your work on your NIHR ARC National Leadership Area has advanced and supported evidence generation and implementation beyond the NIHR ARC's local region. 500 words

Personnel/leadership changes

Prof Martin Pitt, director of PenCHORD, retired in late 2024. In conjunction with the University of Exeter, PenARC has appointed a Professor of Applied Health Data Science to work with PenCHORD on further development of applied research and education in health data science.

Knowledge Exchange

PenCHORD has continued to grow its widely recognised national HSMA (health service modelling associates) programme. The full HSMA course experience is provided free of charge to people working in health, social care and policing organisations in England. The 6th cohort of HSMA is running across 2024/2025 and has trained over 100 NHS individuals in this single cohort, with associates now performing project work that addresses local health and social care needs. Our aim is to expand HSMA in the next couple of years to also provide training geared at giving managers a proper awareness of what may be achieved through healthcare modelling and data science.

In addition to this, HSMA has broadened teaching materials available to those being trained and is now accessible and free of charge to anyone. This includes an online book on simulation within healthcare systems – the first of its kind.

The ARC also facilitates regional knowledge exchange through the South West Analytics and Infrastructure in Healthcare (SWAIH) network, which has over 500 members from across the region. In 2024/25, SWAIH has hosted monthly Insight Talks (recent topics include OMOP and the NIHR Academy) and holds an annual meeting for 150 delegates to highlight and promote national and regional progress in linking healthcare data for research.

Applied research

PenCHORD has continued research combining clinical pathway simulation and machine learning. The SAMueL (stroke audit machine learning) portfolio of projects has been adopted by national clinical audit for stroke for modelling of emergency stroke pathways. This methodology compares both patient flow and clinical decision-making between different stroke teams, predicting patient outcomes if the pathway or clinical decision-making were changed. The analysis has also been used as part of NHS England's "Thrombolysis in Acute Stroke Collaboration" (TASC). This programme, now on its second iteration, helps stroke teams 'deep dive' into their emergency stroke care. The SAMueL programme provides analysis of their hospital compared with others. David Hargroves, national clinical director of stroke, said '*The program's success supports the wider use of machine learning to support clinically driven quality improvement*'. SAMueL-3 starts in 2025, and will expand the methodology to use of thrombectomy in stroke and will bring in Causal AI to ensure models are designed optimally for asking "what if we did something different?" questions.

Infrastructure

PenARC supports the South West Secure Data Environment's (SW SDE) research workstream with project management expertise. Working collaboratively across regional NIHR infrastructure and Research Universities, this new environment will support regional data controllers to safely share data for research within a secure

platform. The SW SDE will provide access to accredited researchers and link SW data with other secure data environments, enabling easier access to patient data for research and operational monitoring across the South West region (a population of about 5 million) in a controlled and safe way. This will protect patient data while enabling work that will help improve patient outcomes and operational excellence.

Open Science

PenCHORD remains committed to Open Science, from using all OpenSource software (to maximise reproducibility and transferability of work) through to open publication of all work.

8. NIHR ARC National Priority Areas (if applicable)

8.1 Please provide specific examples on how your work on your NIHR ARC National Priority Area(s) has advanced and supported evidence generation and implementation beyond the NIHR ARC's local region. For each example please explain how you have assessed scalability.

500 words

The Children's Health and Maternity National Priority Programme supports four projects focused on increasing implementation and sustainability of evidence-based interventions in child health, early years education settings and maternity services. The Programme team have connected projects to the ARC network to support wider reach and engagement from health and care organisations. Shared learning is facilitated by bringing projects together regularly, implementation science experts working across projects, and a Community of Practice in public involvement and engagement. This work goes beyond PenARC's local region through the cross-ARC collaboration, including by co-funding two projects with other National Priority Areas.

The BRUSH project has developed a freely available toolkit to support the implementation of supervised toothbrushing programmes and clubs, which has been visited over 15,000 times. It includes resources for commissioners, providers, early years settings, and parents. New resources to address gaps identified by stakeholders are in development in collaboration with DHSC. The results from a new national stocktake of Local Authority provision of supervised toothbrushing programmes was published in January 2025, with a third underway to continue to quantify the expansion of supervised toothbrushing programmes across England, identify additional barriers and facilitators to implementation, and evaluate the impact of the BRUSH project at a national scale. This work has been instrumental in influencing national policy and adoption of supervised toothbrushing programmes across the country.

The ADaPT project trained mental health teams from 11 Trusts across England to assess care-experienced young people for symptoms of posttraumatic stress disorder (PTSD) and to deliver Cognitive Therapy for PTSD. Learning from the implementation of this intervention was used to develop resources to support scale up and sustainability. Video resources to support delivery of the intervention, animations to improve engagement of young people, and training and resources to support clinical supervision have been developed. All resources are freely available via a new website, which was launched in a webinar attended by approximately 600 practitioners. Case studies have been used to inform a report written in collaboration with CoramBAAF that includes national recommendations for improving mental health support for youth in care.

Findings from the ESMI-III project have been integrated into NHS England implementation guidance, informing recommendations to support the national implementation and sustainability of Maternal Mental Health Services (MMHS) and the development of new MMHS. These findings have informed key recommendations in the All-Party Parliamentary Group on Birth Trauma report. The team co-hosted a series of webinars with NHS England to share learning with MMHS practitioners, attended by approximately 200 practitioners.

In the RIVA project, case studies of five Trusts across England with varying implementation of Independent Domestic Violence Advisors in maternity services and different populations were used to evaluate implementation in detail, alongside provision of implementation support. Three case studies were extended to conduct longitudinal evaluations of the sustainability of the interventions. Sites received additional implementation support, including Community of Practice workshops hosted by our third-sector partners

Safelives. Learning is being used to establish recommendations and an improvement science approach to support sustainability and scalability.

9. Dementia Capacity Building

9.1 For your ARC's capacity building work in dementia please tell us about:

- **How the funding has been used to attract and retain new talent into dementia research. Please include how the funding has supported diverse career paths and promoted equality, diversity and inclusion.**
- **Please explain how the diversity of the population is being reflected in research activities and how they are being developed in areas of the greatest need in collaboration with people with dementia and their carers.**
- **Please outline who you are supporting, what they are working on and any resulting impacts on health outcomes, service delivery or the health and care system. Please also cover how your fellows have developed their skills and how the funding has supported their career pathways**
- **How you are engaging with DEM-COMM and how it has shaped your dementia work more broadly**

750 words

PenARC Fellows

We are supporting four Fellows – two Research Fellows based at the University of Exeter, one Senior Research Fellow and one Associate Professor at the University of Plymouth. The Fellows are developing, contributing to and leading research in a broad range of areas using qualitative and quantitative methods including:

- interventions to support care for people with dementia when there are concerns about low awareness
- talking therapies for people with dementia and depression
- implementation of a primary care-based model of personalised care for people with dementia and unpaid carers
- end of life care for people with dementia
- personalising domiciliary care for people living with dementia
- menopause and cognitive decline
- using artificial intelligence with neuroimaging and biomarkers for neurodegenerative disease
- examining unplanned and unwanted hospitalisations for people with dementia, particularly those who do not or cannot access post-diagnostic support
- advance care planning for people with dementia

They:

- are publishing their work and presenting at conferences in the UK and internationally
- have undertaken training and development in developing and evaluating complex interventions, and adapting interventions for different contexts, evidence synthesis, research inclusion, public engagement, creative codesign, clinical trials, and realist economic evaluations
- are contributing to the wider research community through peer reviews of manuscripts, funding applications and being panel members
- are engaging in wider NIHR Academy opportunities, including the SPARC scheme and the mentoring programme
- are gaining experience in research leadership through collaboration on and leading grant applications
- are gaining experience of leading others through developing and recruiting an intern
- have worked as a team to develop activities and outputs for the Dementia Festival in May 2025. They worked with a PPIE group to develop ideas and promotional materials and reached out to South West communities to collect questions from the public or those with lived experience of dementia about research on dementia care. They answered the questions in a series of videos.

DEM-COMM

The Fellows actively contribute to the DEM-COMM programme through:

- Attending webinars, networking events, and Schools, special interest groups and developing activities for Dementia action week
- Co-leading several of the DEM-COMM special interest groups
- Co-developing funding applications
- Being a member of the DEM-COMM programme committee

The Fellows find DEM-COMM to be a valuable community of practice providing peer support, resources and shared learning, with opportunities for collaboration and building networks.

10. Social Care Capacity Building Initiative

10.1 For the social care capacity building initiative please tell us about:

- **Recruitment, any issues encountered and how these have been mitigated**
- **How the funding is being used to build capacity in an inclusive manner**
- **How seed funding has been utilised to facilitate post holders research plans and leverage further funding**
- **How links are being created between academia and the sector to work with underserved communities within social care**
- **Specific examples of early knowledge exchange between the research and the sector**

500 words

We appointed two part-time research staff who started in April 2024. One has been on extended sick leave since October 2024 and the other has increased their hours and grade to enable the programme of work to continue with minimal impact. We recruited eight interns (starting Sept 2024), with six still in role, who have embraced the opportunities e.g. training, mentoring, attending conferences and other academic support. Two dropped out due to job demands. They all work in or with care homes and supported living settings and include nurses, a podiatrist, care home managers, a wellbeing coordinator and a commissioner. Two of the interns work in a coastal area with high levels of deprivation and with residents with complex needs. We are also building capacity amongst mentors who are all early-mid career researchers.

Recruitment of Research Champions is underway. A key issue encountered was the need to clarify the "identity" of the Champion role through engagement activity and a literature review. The Champions currently being recruited (due to start from April 2025) are high level experienced care professionals who have outlined a vision for ways to "Champion" research within their working environment. They will focus on facilitating knowledge exchange within their own work settings, with academic support, and this will help build a community of practice of all those involved.

We have created bespoke and flexible 'modules' of in person and online training e.g. PPIE, making sense of evidence. We are developing an "Internship Plus" programme as a progression for interns to develop outputs e.g. a scoping review, a funding or fellowship application. We have attracted additional funding from the SW Research Delivery Network to carry out related and complementary work, specifically to engage with key stakeholders in adult social care to understand research engagement better in the South West Peninsula. This work will contribute to partnership working to develop future funding applications.

Our programme has been supported by a PPIE group with lived experience of dementia, meeting every 3 months. Discussions have focused on recruitment, intern and champion role definitions and issues surrounding inclusivity in research. We are monitoring engagement and ensuring that roles are advertised and disseminated via our networks to areas/organisations that might otherwise miss opportunities to take part, including those in rural areas and from third sector organisations. We have strengthened links with the Devon Care Home Collaborative, a provider-led network who have been instrumental in sharing our intern/champion opportunities. Our PPIE work will focus on finding ways to authentically engage with underserved communities, drawing on our expertise within PenARC. We have incorporated an experienced Adult Social Care Practitioner Advisor into our programme of work to ensure what is offered/designed and delivered considers the needs of those working and living in care homes, extra care and assisted living settings.

11. Mental Health Research Initiative (if applicable)

11.1 Please provide specific examples on how your work on the Mental Health Research Initiative has had an impact on the communities and patients most affected by mental health issues within your region.

300 words

We work with commissioners and providers to identify and prioritise knowledge gaps, and then to produce research evidence that leads directly to improved mental health services. We focus on communities and individuals whose mental health is most affected by health inequalities, including people experiencing homelessness, people living in remote rural and coastal communities, and children and young people (and their families) who have mental health and neurodevelopmental needs. Here are some examples of the impact of our work:

- We worked with Plymouth City Council to evaluate their Community Builders Programme. The evidence we produced supported the renewal of funding for a tailored version of this programme, ensuring the greatest possible benefit for the mental health of the city's most excluded groups.
- In Somerset, we worked with service providers and commissioners on the evidence-based de-implementation of their Care Programme Approach. Through close collaboration with stakeholders, including service users, we were able to unpick and understand some of the complexities involved, especially around the service and care needs of people with severe and enduring mental health problems. Based on our findings, a more rigorous de-implementation process is now in place and includes additional training—for both staff and service users—about adapting to the change.
- We trained and supported Mental Health Research Associates, people working in mental health in NHS and other organisations, to understand and use evidence and research. One of our Associates worked with frontline workers in homeless hostels, who are frequently in contact with people with acute mental-health problems but typically have little or no training or support in this area. Following a successful presentation of his work at the 2025 Faculty of Homeless Health conference, we are collaborating with him and provider organisations to develop training for hostel staff and managers based on his research.

11.2 Please provide specific examples on how your work has increased capacity for mental health research that meets the needs of underserved populations within your region.

300 words

To increase local capacity for mental health research we have:

1. Worked at an individual level. By providing local MH professionals with mentoring, supervision, and support we have developed their skills and confidence to do research that addresses the needs of our most underserved populations. For instance, we are working with an ARC Knowledge Mobilisation Fellow from an Exeter-based voluntary-sector organisation on peer support for people with complex MH needs; with a Consultant Psychiatrist in Cornwall CAMHS who is evaluating as well as implementing nature-based approaches to care; and with two clinical psychologists, one doing a doctorate on the MH needs of homeless people and one working with frontline hostel workers with experience of trauma. The nature-based work has so far produced a paper and an NIHR grant application; we are collaborating with the Centre for Homelessness Research and Practice to produce a professional training module based on our research.

2. Recognising the need to ensure a pipeline of grants and activity as well as to develop future leaders of MH research, proactively identified and taken up opportunities to apply for funding to generate academic capacity in mental health research at PenARC. Work we are leading or co-leading includes a Research and Innovation Fellowship for a team member (funded); an NIHR HS&DR project on coastal and rural mental health (funded: NIHR162053); an NIHR PDG application (outcome awaited); an application to NIHR's Mental Health Research Group programme (to be submitted May 2025); an NIHR HS&DR application focused on implementing evidence-based ways to support the mental health and wellbeing of the MH workforce (to be submitted July 2025). MHRI Lead, Dr Hardwick, has also been named as co-lead for the Mental Health theme in the PenARC renewal proposal (submitted January 2025), signalling her potential as a future MH research leader.

12. Industry/VCSE Engagement (1000 words)

12.1 Please provide up to three examples to showcase how your ARC is working with a broad range of industry/VCSE partners.

12.2 Please tell us about any challenges you have faced in engaging with strategic partners and how the NIHR Business Development team can help.

12.1

Our work with a broad range of commercial and voluntary sector partners underpins our ability to generate and mobilise knowledge for patient benefit as well as our contributions to economic growth. The examples below are illustrative of our wider portfolio of work in partnership with large companies, SMEs, and VCSE organisations.

Our work to develop novel approaches to the care of people with **severe asthma** (led by Dr Joseph Lanario) has led to partnerships with GlaxoSmithKline (GSK) and AstraZeneca (AZ). Dr Lanario's research is grounded in patients' accounts of their experiences of living with severe asthma, something that has been absent from much prior research in this area, and this has enabled the development of innovative ways of assessing both disease burden and treatment benefits. GSK and AZ have both provided separate funding to support the development of a validated health-related quality-of-life measure specific to severe asthma (called the Severe Asthma Questionnaire, SAQ). The questionnaire can be used to provide a patient perspective on both the burden of the disease and the effectiveness of different biologic drugs produced by our partners. Our research is providing insight into remission in severe asthma – so-called super responders, who experience substantial, life-changing benefit from industry biologics beyond reductions in exacerbations. The SAQ is also provided under license without charge to the NHS for routine use with patients in the myAsthma biologic app (created by mhealth Ltd.) to monitor care. We have published three papers out of this work in 2024/25, with a further 11 in preparation/submission. which will include work with our partners in the Severe Heterogeneous Asthma Research collaboration, Patient-centred (SHARP), who themselves have strong ties with industry.

We have also partnered with industry to develop **workforce development** tools. For example, our DeStress project (led by Prof Felicity Thomas) examined how current mental health treatment options were being used within low-income communities and how changes within consultation practice could be harnessed to provide more supportive outcomes for low-income patients. We worked in partnership with other ARCs (North Thames and North West) to develop Royal College of General Practitioners accredited training resources for healthcare staff, which support GPs to better engage with patients, increase trust and shared decision-making. These improvements to healthcare consultation can prevent inappropriate antidepressant prescribing for people with poverty related mental distress. In the past year, we have partnered with an SME (Blue Stream Academy Ltd.) GP eLearning and Management healthcare platform which supports over 250,000 health and social care professionals, to host the DeStress training. This workforce training partnership supports national knowledge mobilisation and implementation of the DeStress recommendations into routine care.

Our final example illustrates our **partnership with the VCSE secto**r. Our Community Health & Wellbeing Worker (CHWW) evaluation in Cornwall is co-produced alongside a variety of partners including Volunteer Cornwall, the Lighthouse Community Centre, Transformation CPR, CN4C (Cornwall Neighbourhoods for Change), as well as formal PenARC partners. The project is evaluating the implementation of an adapted model of community healthcare from Brazil, with CHWWs working with communities with the highest levels of socioeconomic deprivation to provide tailored household support from basic health education to assistance with system navigation and accessing services. The workers are integrated with both primary care and local authority. NHS Cornwall and Cornwall County Council funded the expansion of CHWWs across the whole county; Cornwall now has the highest number of CHWWs in the country (n=60), and we are evaluating the roll-out. The most common concerns on which Cornwall CHWWs work are financial hardship, housing

instability, loneliness, and mental health. The evaluation in Cornwall is ongoing but early findings from case study reports suggest benefits include an increase in wellbeing in participating households, increased uptake of benefits, improved access to enablement funds, and more residents supported back into work or actively seeking work. This project has the potential for national scale up working with the VCSE sector and health and social care services.

12.2
One of the key challenges we have faced in engaging with strategic partners—particularly large industry organisations—is the need for a more coordinated and proactive approach. While we have had some success with individual engagements (e.g., our stroke and severe asthma work), we have identified that our current strategy would benefit from a more collective, regionally aligned model working alongside our partners in the HISW, HRC, BRC and RRDN. This would help us present a unified value proposition and better leverage the strengths of the wider ARC and partner ecosystem.

Moving forward, we would welcome input from the NIHR Business Development team in developing a more strategic, joined-up engagement framework—particularly in facilitating introductions, aligning priorities, and co-developing messaging and materials that resonate with large commercial stakeholders.