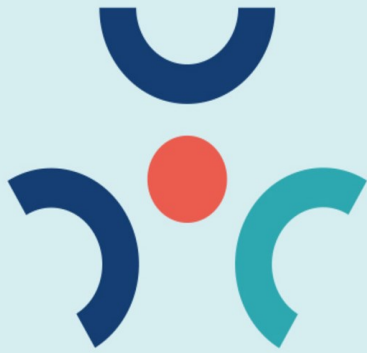




Planning for a second
NIHR Applied Research
Collaboration for
North West Coast



Background

Over the past decade the National Institute for Health and Care Research (NIHR) Applied Research Collaboration (ARC) in North West Coast (ARC NWC), along with its predecessor, the North West Coast Collaboration for Applied Health Research and Care (NWC CLAHRC), has enabled partnerships between NHS Trusts, local authorities, universities, third-sector organisations and members of the public to develop research and implement effective actions that address health inequalities and improves the health and wellbeing of our communities (<https://arc-nwc.nihr.ac.uk>).

NIHR has recently announced a competition for the next phase of ARCs across England. Each ARC should align with one or more Health Innovation Networks and can apply for up to £16.3 million in funding over five years. If successful this funding will be from 2026 to 2031.

Our proposal for the North West Coast region will build on the strengths from the current ARC NWC in bringing together a strong partnership of over 60 NHS / local authority and third sector organisations. In addition to the NIHR's £15 million funds awarded from 2019 we have successfully generated over £70 million of research income into the region. This has supported research that has driven changes in key areas, including improved social and welfare support for people with long term conditions, joining up services for families with complex needs, implementing the world's first mass programme of community testing for COVID-19. It has also supported the development of our research workforce with over 30 PhD students and more than 100 Research Internships supported. This has further strengthened the region's capacity for impactful, collaborative health research.

Strategic Vision for ARC NWC 2.0

Our vision is for the ARC NWC 2.0 to be a driving force in improving the health and care of patients and the public through system wide collaborations. This will be achieved by bringing together academics, health and social care providers, members of the public, universities and local authorities. We aim to improve the quality, delivery and efficiency of health and care systems; reduce health inequalities, promote economic development and increase the sustainability of the health and care system both locally and nationally.

Host Arrangements: In agreement with the current host, Cheshire and Merseyside Integrated Care Board, the proposed NHS host for ARC NWC 2.0 will be the new University Hospitals Liverpool Group. UHLG have mature research hosting and associated support and governance systems and capacity. They have substantial research and implementation system strategy for the new group and associated funding. They are enthusiastic about the opportunities ARC brings to support the spread of involvement, investment in health and care research and implementation support across the wider North West Coast systems and in particular will help build deeper and wider engagement from the acute and specialist trusts across NWC.

What we need from you

We would appreciate your input in shaping the design of ARC NWC 2.0. As we move into the next phase it needs to build on our strengths and achievements to date whilst continuing to deliver research, and grow research capacity, to address the health and care challenges faced by our communities and support national priorities.

A key focus of ARC NWC 2.0 will be accelerating the translation of the best evidence based ideas from across the UK and internationally into policy and practice, supporting change across health systems to enable measurable impacts. To do this we need to be agile and responsive to the research priorities of our NHS, local authorities (LAs), and communities, maximising opportunities for improving health and reducing inequalities, while being flexible and relevant through to 2031. In this document we outline our initial thinking on the research themes, teams and objectives, based on the priorities of the health and care system, our strengths, and engagement with our members. To ensure we are on the right track, we would greatly value your thoughts and ideas in response to the following questions:

- Do these research themes align with the current and future health needs of the North West Coast?
- What are the key topics within these themes that could drive meaningful change and are there critical areas we may have overlooked?
- Do the cross-cutting teams reflect the skills and capacity needed to deliver high impact research and implementation, what else is needed?
- Who else should we engage with to refine and shape these themes and teams?

How our themes have been identified

Our research themes and cross cutting teams have been carefully developed in alignment with regional and national priorities, the strengths and successes of our existing collaborations and engagement with our members. National priorities include those outlined in the Department of Health and Social Care's Areas of Research Interest, the NIHR ARC national priority areas) as outlined in the funding guidance document), the CORE 20 PLUS 5 framework for reducing health inequalities and the NHS 10 year plan. Regional priorities include those in the Integrated Care Strategies of our 2 Integrated Care Systems (ICSs), see Appendix 1.

The proposed structure outlined on the next page is split into 5 research and delivery themes aligned to strategic objectives and 6 cross cutting teams reflecting the expertise, support functions and capacity needed to enable system change.

Proposed Research Themes

Research and delivery themes					
	Social and long term care	Multiple long term conditions	Children, young people and maternal health	Public Health and Prevention	Workforce
Cross cutting teams	Objectives	Objectives	Objectives	Objectives	Objectives
Innovation & industry support	<ul style="list-style-type: none"> Developing effective social care technologies that support the health wellbeing and independence of older people. 	<ul style="list-style-type: none"> Support evidence-based commissioning via rapid evaluation and learning from complex care redesign. 	<ul style="list-style-type: none"> Support the early identification of risks and provision of effective joined up services for children and families with complex needs, including parental and young carers 	<ul style="list-style-type: none"> Support financial strategies to shift investment to prevention that reduce inequalities. 	<ul style="list-style-type: none"> Support young people into careers in health and social care.
Study design, delivery, analysis & dissemination	<ul style="list-style-type: none"> Improve diagnosis and support for people with dementia 	<ul style="list-style-type: none"> Develop health tech enabled innovations for preventive and complex care solutions. 	<ul style="list-style-type: none"> Increase breastfeeding and reduce smoking in pregnancy. 	<ul style="list-style-type: none"> Support Anchor institutions to improve health and regional economic gains by maximising social value, employment and working conditions. 	<ul style="list-style-type: none"> Support whole system plans to address current and future health and social care workforce and skills shortages in the context of changing population needs and technological advances.
Knowledge mobilisation & implementation science	<ul style="list-style-type: none"> Provide better joined up help for our residents with frailty, mental health needs and disabilities and their carers enabling to stay in their own homes 	<ul style="list-style-type: none"> Reduce deaths from cardiovascular disease and suicide. 	<ul style="list-style-type: none"> Support development of healthy child programmes that bring together effective support across services before and after pregnancy to improve outcomes for children. 	<ul style="list-style-type: none"> Supporting people living with long-term conditions into work and to remain in work. 	<ul style="list-style-type: none"> Support Health and Care career pathways with schools, colleges and employers, especially for people from our disadvantaged communities.
Public Involvement, inclusion, engagement, equality & diversity	<ul style="list-style-type: none"> Improve End of Life care for people coming towards the end of their life and their loved ones. 	<ul style="list-style-type: none"> Reduce levels of obesity and harm from smoking and alcohol. 	<ul style="list-style-type: none"> Reduce inequalities in maternity outcomes 	<ul style="list-style-type: none"> Reduce the number of people suffering health inequalities due to physical inactivity 	<ul style="list-style-type: none"> Support the health and wellbeing of the health and care workforce and reducing sickness absence.
Capacity building		<ul style="list-style-type: none"> Improve early diagnosis, treatment and outcomes rates for cancer and long term conditions. 		<ul style="list-style-type: none"> Maximise the public health benefits of the environment, housing infrastructure developments and green transitions. 	<ul style="list-style-type: none"> Support for health and care workforce development and retention.
Civic health informatics		<ul style="list-style-type: none"> Improve the integration accessibility and outcomes for people with both mental and physical long term conditions. 		<ul style="list-style-type: none"> Reduce poverty and its consequences and prevent the commercial drivers of poor health. 	

Approach to working

To support engagement with ARC members across the NHS, LAs and third sector to inform the ongoing work programme and priorities we propose establishing 2 Research-into-Action (RIA) advisory groups embedded within each of our Integrated Care Systems with a shared post within each ICS to facilitate engagement and priority-setting and embedding in Research and Innovation strategies and delivery. These will include senior policymakers, practitioners, public and theme representatives.

Other engagement will be through the ARC NWC being embedded in existing partnerships, including the integrated care partnerships, integrated care boards, provider networks and two public health networks. Themes will be co-led with academics and member organisations, with direct engagement with member organisations and members of the public in working up research and implementation activities. Central management and support functions will underpin the operational and business aspects of ARC NWC 2.0. The main workforce will be distributed across the cross working teams, each team including leadership and staff from across multiple HEIs, providing expertise and functions to support the delivery of research into action within the themes. A matrix working approach will enable better integration across themes and HEIs, members of teams also potentially having roles within themes.

The ask from NIHR for ARC 2.0

The NIHR ARC scheme will provide designation and funding to:

- create an environment to develop and conduct high quality, generalisable **applied health, public health and social care research** that responds to and meets the priority research needs of the health and care system and the population;
- use knowledge mobilisation approaches to support an increase in the rate at which research findings are implemented into practice at scale to deliver improvements in health and social care services and the delivery and efficiency of health and care, and increase sustainability of the health and care system both nationally and regionally;
- address health inequalities by embedding inclusive approaches across all projects and programmes to ensure that research is relevant to the end-user, results are generalisable to a broad and diverse population, and any resulting intervention can be successfully delivered to the people who need it most;
- increase the country's **capacity and capability**, including in under-represented specialties and professions, to conduct and translate high quality applied health, public health and social care research, including further development of robust real-world methodology and evidence generation;
- collaborate to respond to national health and care challenges, including emerging needs, and support effective interventions and models of care into practice, responding to DHSC and NHS England priorities; and
- contribute to **broader economic gain**, including through collaborations with life sciences and other commercial companies, focussing on meeting the needs of the population and the health and social care system.

The link to the NIHR bid guidance can be found at: <https://www.nihr.ac.uk/nihr-applied-research-collaborations-arcs-2024-guidance-applicants> The bid must be submitted by 1pm on 29th January 2025.

Have we got this right?

Collaboration with our North West Coast partners is essential to our future plans, as our primary mission is to address the health and care challenges facing our region. Are these the right priorities and topics for the region in the coming years? Are there any important things missing?

We'd greatly appreciate your thoughts. Please share **your feedback** via email to:

arc-nwc@nihr.ac.uk by 5pm on Friday 13th December 2024.

Appendix 1: Regional and national priorities

Cheshire and Merseyside and Lancashire and South Cumbria Integrated Care Strategies outline the agreed priorities for the health and care system across the North West Coast.

The strategies can be found at: <https://lscintegratedcare.co.uk/our-work/our-strategy> and <https://www.cheshireandmerseyside.nhs.uk/media/hxqpdrot/cheshire-merseyside-draft-interim-hcp-strategy-2023.pdf>

Key Priorities outlined in Cheshire and Merseyside and Lancashire and South Cumbria Integrated Care Strategies:

1. Tackling Health Inequalities

- Address disparities in outcomes, access, and experiences, focusing on early childhood, fair employment, healthy living, and sustainable communities.
- Strengthen prevention, combat discrimination, and integrate environmental sustainability with health equity.

2. Improving Population Health & Healthcare

- Reduce major health risks (cardiovascular disease, obesity, smoking, alcohol harm), improve cancer detection, and enhance mental health services.
- Focus on maternal and child health, dementia diagnosis, and integrated care across services for better outcomes.

3. Enhancing Productivity & Value for Money

- Deliver services at scale to improve quality, effectiveness, and efficiency.
- Invest in research, innovation, and preventive care while addressing workforce shortages and creating collaborative solutions.

4. Supporting Social and Economic Development

- Embed social value in organisations, promote local employment, and support business involvement in health improvement.
- Create career pathways and volunteering opportunities, especially for young people and disadvantaged groups.

Appendix 1: Regional and national priorities (cont'd)

5. Starting Well (Child Health)

- Integrate services for maternity, early childhood development, mental health, and obesity prevention.
- Support families with additional needs and young carers, focusing on breastfeeding and educational support.

6. Living Well (Adult Health)

- Improve management of long-term conditions, cancer diagnosis, and mental health support.
- Tackle lifestyle risks (smoking, obesity) and improve access to preventive services like screenings and immunizations.

7. Working Well

- Increase local access to health and care career opportunities and apprenticeships.
- Support working carers, ensure healthy workplaces, and promote community wealth-building.

8. Ageing Well

- Provide joined-up care to help older adults stay in their homes, prevent frailty, and improve dementia care.
- Focus on preventive care, digital health solutions, and accessible support for older residents and carers.

9. Dying Well

- Promote end-of-life planning and ensure consistent access to high-quality care and bereavement support across communities.
- Support training for professionals in advance care planning and provide accessible, equitable end-of-life services.

These priorities focus on **reducing health inequalities**, improving **health outcomes**, and fostering **collaboration** across sectors to enhance quality of life from **birth to end-of-life**. Key themes include **prevention**, **community engagement**, **social value**, and **sustainable health systems**.

Appendix 1: Regional and national priorities (cont'd)

NIHR priorities highlighted in the guidance for ARCS

<https://www.nihr.ac.uk/nihr-applied-research-collaborations-arcs-2024-guidance-applicants>

- Supporting delivery of health services in community and primary care and at home
- Prevention
- Supporting people living with long-term conditions into work and to remain in work
- Supporting the recovery of the health and care systems, including the health and well-being of the workforce
- Social care, including supporting people to live safely at home for longer
- Core20PLUS5 (NHSE inequalities) priorities
- Major conditions such as dementia, diabetes, and risk factors for cardiovascular disease and cancer such as smoking, obesity
- Mental health, including better integration between mental and physical health services
- Children and young people's health
- Multiple long-term conditions
- Women's health

National: DHSC Areas of Research Interest (ARI)

<https://www.gov.uk/government/publications/department-of-health-areas-of-research-interest/department-of-health-areas-of-research-interest>

AR1: Early action to prevent poor health outcomes

AR2: Reduction of compound pressures on the NHS and social care.

AR3: Shaping and supporting the health and social care workforce of the future.

Across all 3 ARIs we want to deliver research and innovation which:

- reduces health disparities and improves health and economic outcomes for the most deprived 20% of the population so that we raise the floor and not just the ceiling for the whole population
- promotes economic growth by delivering a healthier workforce, a more efficient NHS, a higher skilled health and social care workforce, and through investment in the life sciences sector

Appendix 1: Regional and national priorities (cont'd)

Core20PLUS5 (adults) – an approach to reducing healthcare inequalities:

<https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level.

Core20: Targeting the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD).

PLUS: Ethnic minority communities; people with a learning disability and autistic people; people with multiple long-term health conditions; other groups that share protected characteristics as defined by the Equality Act 2010; groups experiencing social exclusion, known as inclusion health groups coastal communities (where there may be small areas of high deprivation hidden amongst relative affluence).

5: There are five clinical areas of focus:

Maternity

Severe mental illness (SMI)

Chronic respiratory disease.

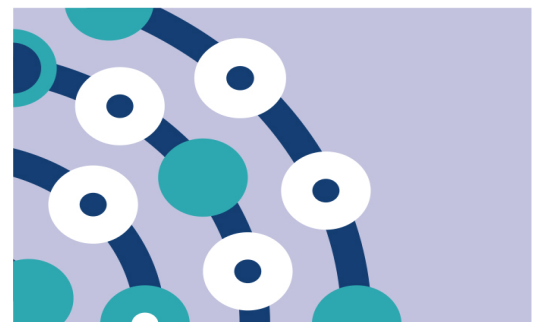
Early cancer diagnosis

Hypertension case-finding and optimal management and lipid optimal management

NHS 10 year plan is setting out proposals to achieve three shifts:

<https://www.gov.uk/government/publications/change-nhs-help-build-a-health-service-fit-for-the-future/change-nhs-help-build-a-health-service-fit-for-the-future>

- shift 1: moving more care from hospitals to communities
- shift 2: making better use of technology in health and care
- shift 3: focusing on preventing sickness, not just treating it





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