

Shaping the next five years of Applied Research in the East Midlands and Nationally

14th October 2026



Welcome

Co-Director: Professor Kamlesh Khunti

Co-Director: Professor Sam Seidu

Share the day using #ARCEMPartners



Directors Update

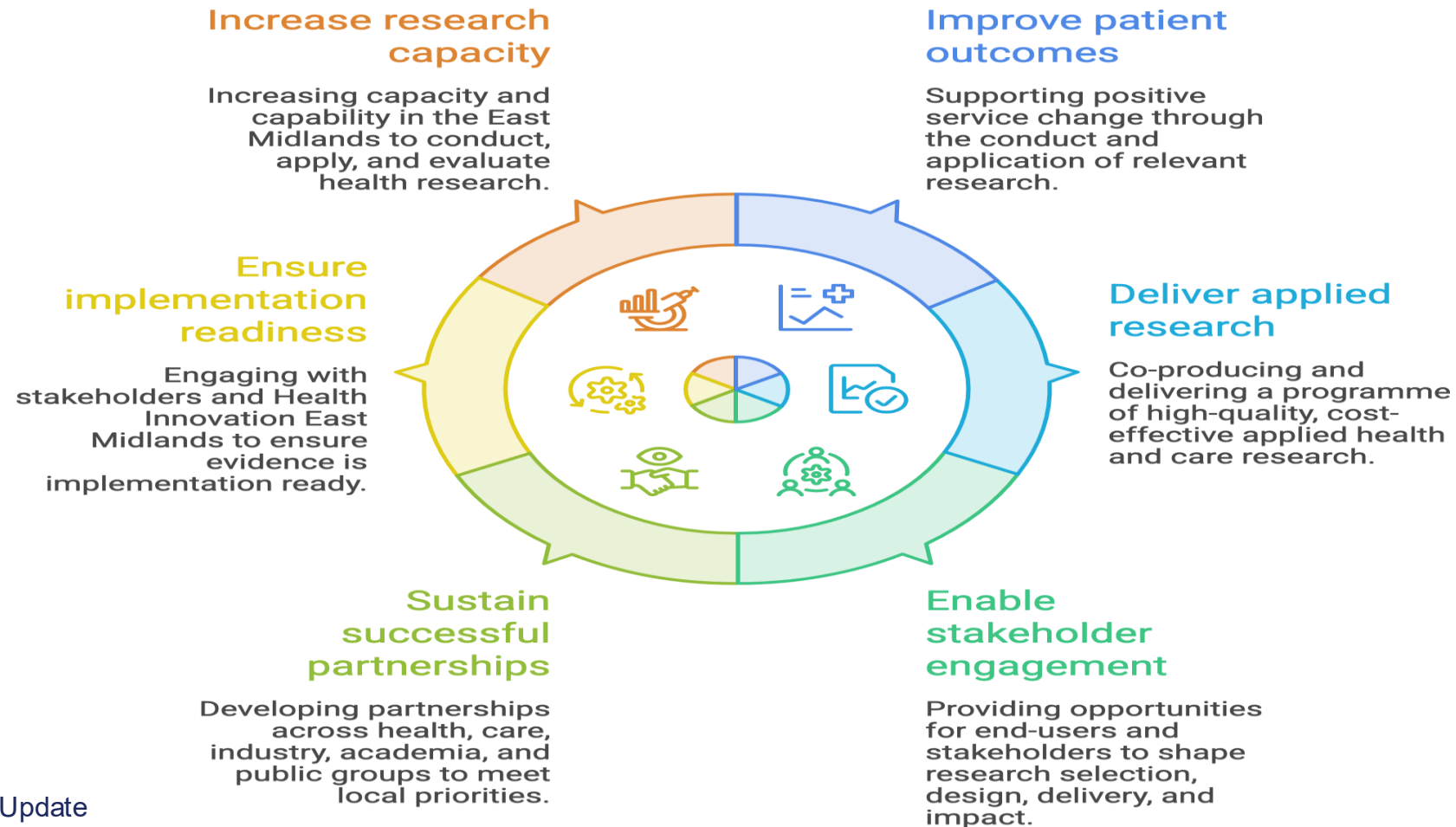
Co-Director: Professor Kamlesh Khunti

Co-Director: Professor Sam Seidu



ARC EM Strategic Aims

Research programme objectives



ARC-EM: Making a Difference for Everyone



5.5 million people,
fastest-growing region
in England



334,000 population
increase by 2028,
mostly aged 70+



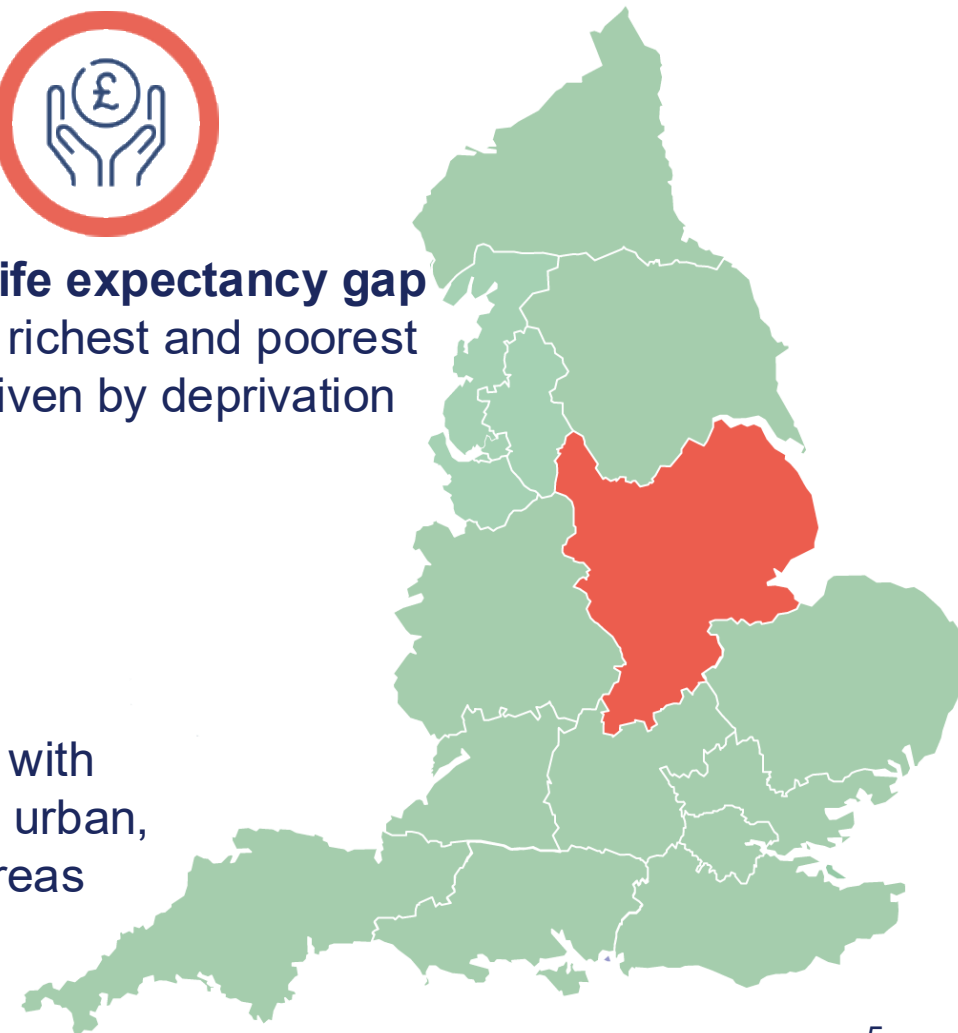
10-year life expectancy gap
between richest and poorest
men, driven by deprivation



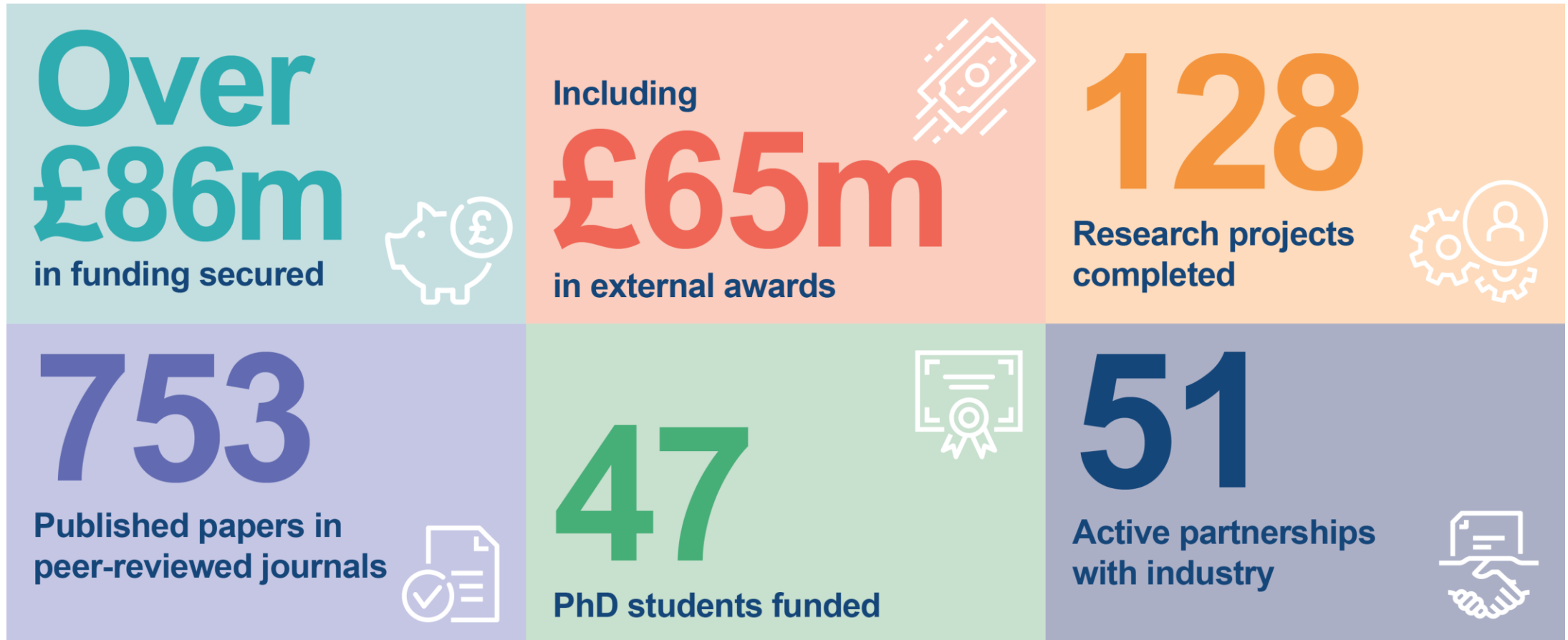
High rates of obesity,
smoking, and early deaths in
mental illness



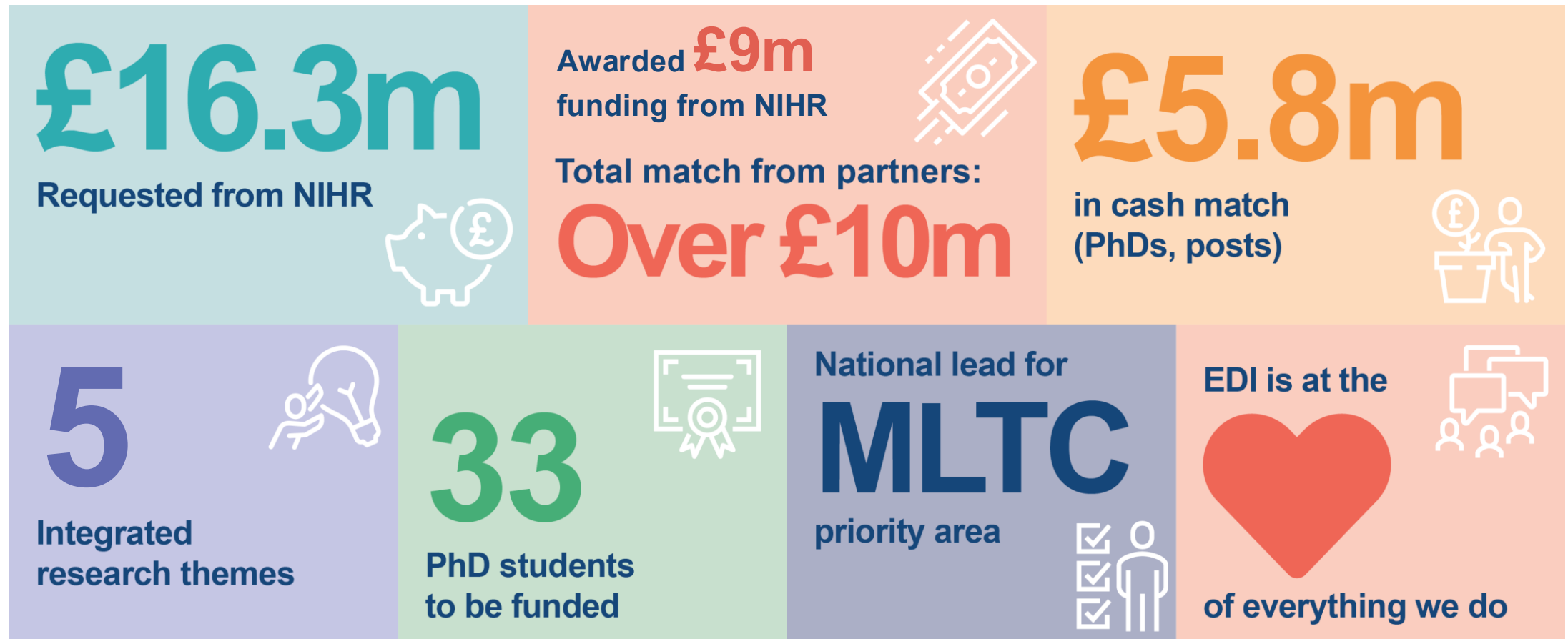
Ethnically diverse, with
sharp contrasts across urban,
rural, and coastal areas



Building on a confident, connected, and committed partnerships

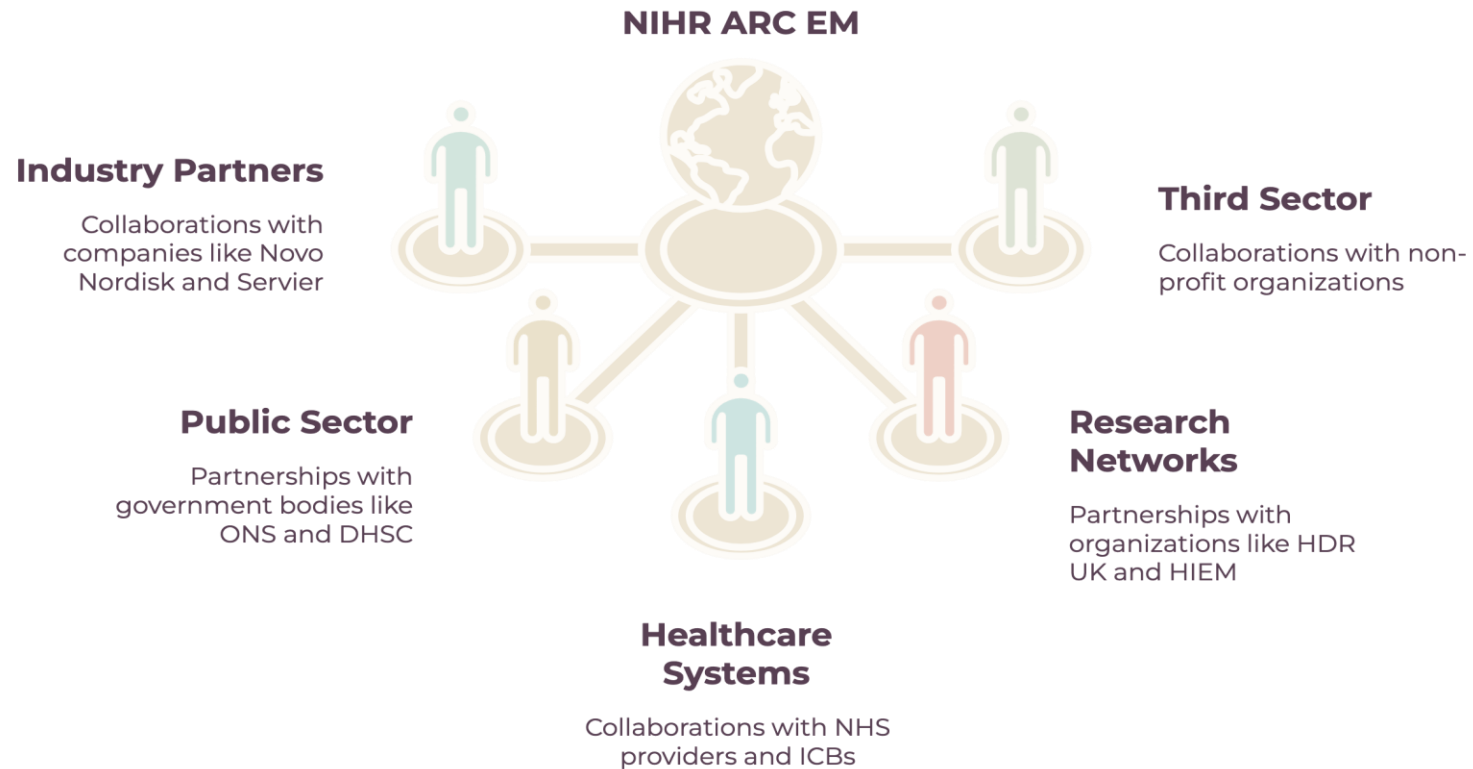


Building on a confident, connected, and committed partnerships

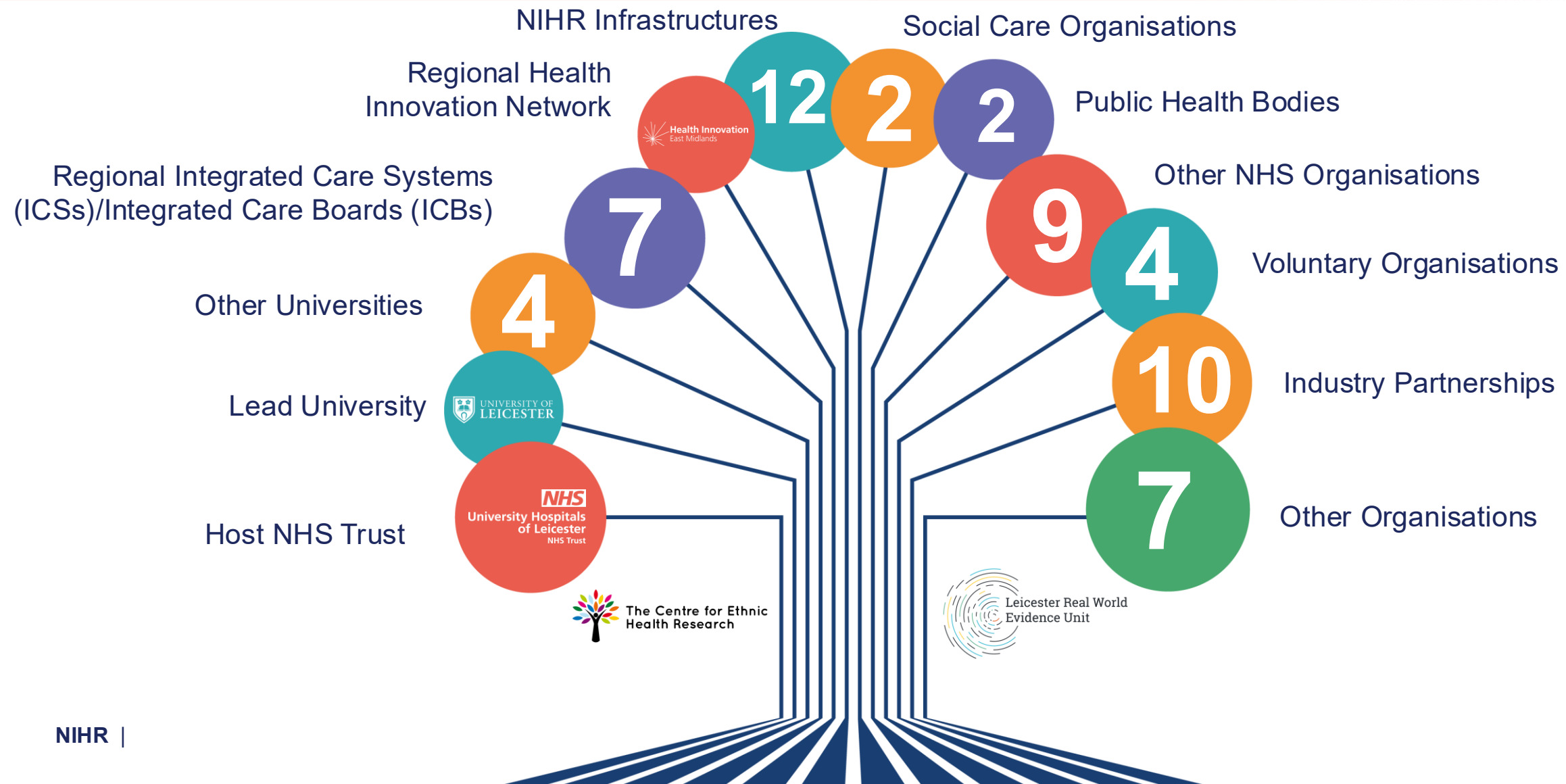


NIHR ARC East Midlands – Partnership Working

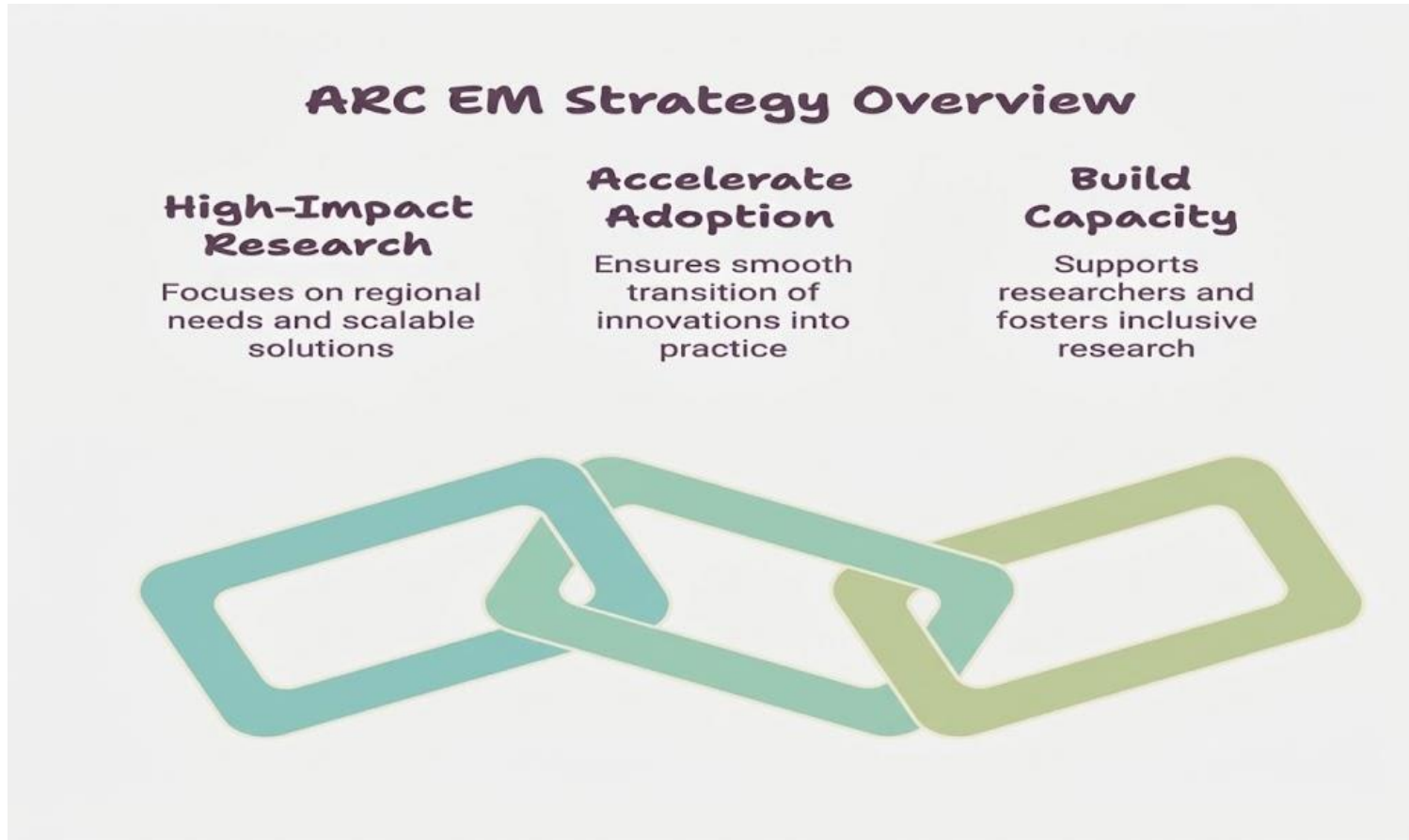
NIHR ARC EM Partnerships



Our research is grounded in strong collaborations and partnerships



ARC EM Priorities for 2026–2031



Thank you



Shaping the future of health and care research

Ana Gomes

Research Policy Senior Manager

Department of Health and Social Care





England

NHS Priorities

Matt Fagg

Director of Prevention and Long-Term Conditions

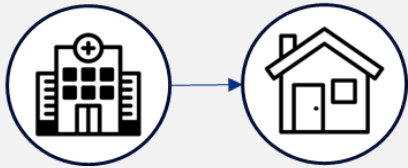
NHS England



The three shifts outlined in the 10YHP

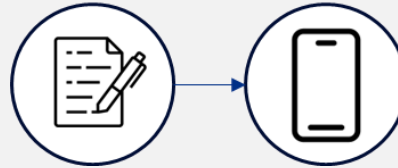
Implementation of the 10YHP focuses on delivering the three shifts to make the NHS fit for the future:

Hospital to community



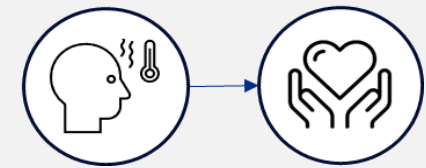
Aim: To bring care closer to home – launching a new neighbourhood health service with easier and more convenient access to a full range of healthcare services on people's doorsteps, open 12 hours a day, six days a week.

Analogue to digital



Aim: To make managing healthcare as easy as online banking through a transformed NHS app that will become the digital front door to the NHS, where patients book appointments, manage medicines and view their medical records.

Sickness to prevention



Aim: to create a more active state - that works with partners to make the healthy choice the easy choice - and move the NHS from a sickness service to a prevention service, catching patients & illness earlier, & preventing it altogether.

Political evolution - new areas of emphasis

Prime Minister

- Devolution
- Social Care

Secretary of State

- Maintain focus on performance, but also on tackling underlying causes
- Get upstream wherever we can – maternity, mental health and children's health, NEETs
- Deliver the National Care Service agenda

Wider Strategic Context

- Healthy life expectancy has been heading in the wrong direction
- The health challenge is increasingly seen as a growth challenge
- Performance improvement was significant in 25/26, but has slowed
- Improving NHS productivity is essential, but not sufficient
- The bigger prize is a fundamental “left shift” towards prevention and earlier intervention
- Major gains are possible through tackling obesity, cardiovascular disease, cancer, COPD, mental health, MSK, frailty and dementia, as well as maternal, neonatal and child health
- Effective neighbourhood health and primary-care-led models are seen as central to delivering the shift
- Transformation requires productivity, innovation, digital and system integration to move together

Priorities in the months ahead...

Performance and productivity

- Getting the basics right, with strong local (incl. board) accountability
- Delivering the new model of UEC and Planned Care (esp. care management, simpler front door, outpatient reform)

Quality

- MSFs; Maternity, Mental Health; Frailty; Dementia
- Patient Experience

Prevention and population health

- Simplifying Neighbourhoods, IHOs, etc; better integration w/ASC
- Children and young people, including NEETs

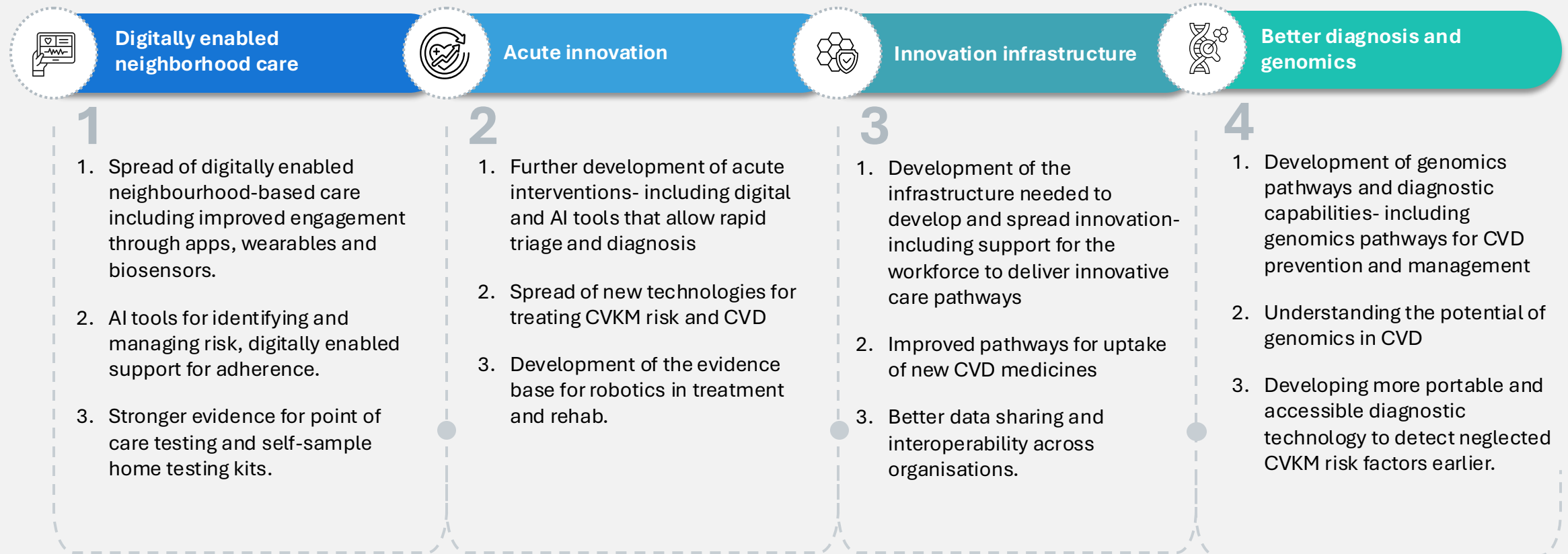
Operating model

- Aligning commissioning, contracting, payments, technology and workforce and leadership development behind the priorities above

Our purpose	Transform the health and care of the nation				
2026-29 strategic outcomes	Transform quality of care and health outcomes		Recover NHS access and financial performance	Deliver a modern, sustainable health and care service fit for the future	
Sub-objectives	Address major opportunities for quality improvement	Improve access to primary and secondary care in line with 2026-29 commitments		Deliver modern, convenient, digital first services for patients and care users	
	Achieve a reduction in health inequalities Reduce health-related economic inactivity and drive economic growth	Minimum 2% year-on-year productivity improvement Manage within the NHS budget		Shift power away from the centre to the organisations and staff closest to the patients and communities they serve Improve the resilience of the system to shocks	
Priority contributing programmes	Quality and transparency: National Quality Strategy, improved maternity and MH services		New model of planned care inc. outpatient reform, Advice and Guidance		NHS App, NHS Online, wider investments in transforming patient and staff facing services
	Transforming outcomes: Including MSFs for Frailty/Dementia, CVD, Severe Mental Illness, End of Life, Sepsis, CYP		UEC reform inc. care management for high-risk cohorts, booked urgent care		Neighbourhood Health, IHOs and AFTs
	Primary prevention: Including supermarket healthy food standards, Tobacco and Vapes Bill, vaccines uptake		Improved GP and dentistry access, with general practice operating at scale Community mental health centres		Strategic Commissioning Dev Programme College of Executive and Clinical Leadership
	Secondary prevention: Including Prevention Accelerators, Health & Growth Accelerators		Technology-enabled productivity improvements Centre-led commercial model		Progress towards a National Care Service Emergency preparedness
	Child health: including mental health support teams and MSF for Children and Young People		Intensive Recovery Programme		New smaller centre following departmental transformation and ICB clustering Patient Experience Directorate
Cross-cutting enablers	Finance - End deficit support funding - New payment models - Personal Health Budgets - BCF and GMS reform	Technology - NHS App - FDP - Single Patient Record - Cyber security - Frontline productivity - Tech appraisal	Research and life sciences - Genomic testing - Research embedded across health and care - Clinical trial approvals - Medicines strategy - Health Data Research Service	Capital and estates - Neighbourhood Health Centres - New Hospital Programme - Addressing risks to critical infrastructure	Workforce 10Y Workforce Plan - Overhaul of education and training curricula - Fair Pay Agreement - Prioritisation Act

CVD MSF Challenge areas

There is significant opportunity to drive progress in CVD over the next decade, but in some areas further research, innovation and product development are needed to truly shift the dial. The framework highlights four key challenge areas where further innovation, evidence and system development will be needed to drive the next phase of improvement.



Thank you

Matt Fagg
Director of Prevention and Long-Term Conditions
NHS England



Overview of Themes and Projects

Chair: Professor Sam Seidu



Building Resilience in Later Life theme

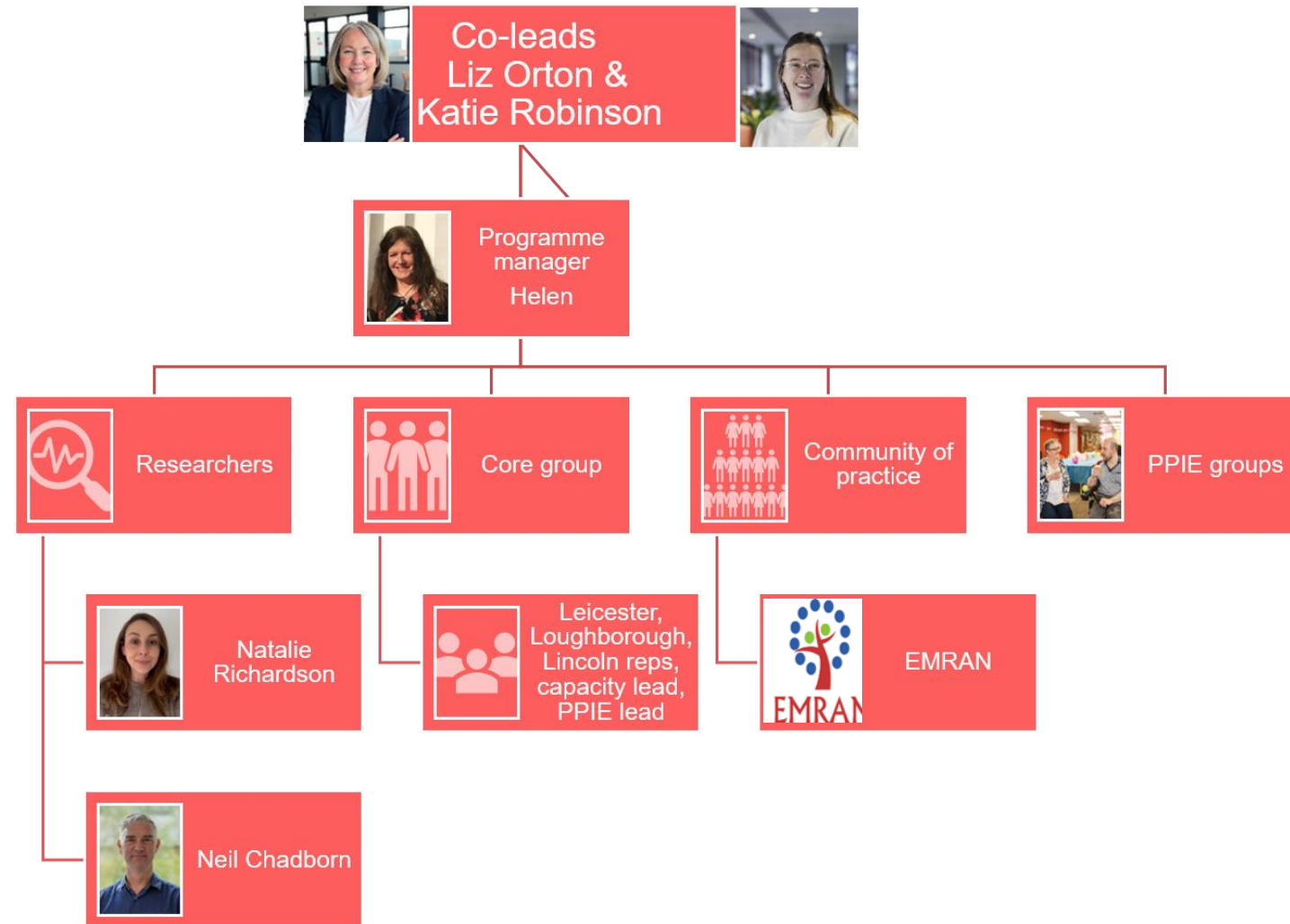
Theme Lead: Professor Liz Orton

Theme Co-Lead: Dr Katie Robinson

20
Years



Theme Structure



Theme plan on a page

Stakeholder engagement

Meetings with PSW, POT, ICB adults/frailty leads and HIN

Develop EMRAN and link with other networks e.g. UKHAIC, BGS SIGs

Seek out collaboration with healthy ageing ARC themes e.g. eFalls and Social Care ARC network

Seek out opportunities to link with industry and the HRC Rehab

Capacity building

Prioritise PhD and other awards for AHP, social care, nurses and pharmacists

Implement mentoring scheme and offer placements

Signposting of relevant awards to networks

At least one AHPSCNP in a PhD, Principal Investigator, and Co-Investigator role

PPIE and inclusion

Maintain stroke and dementia PPIE groups

PPIE plans for all studies

PPIE member on Core Group

EqlA on all projects (with action plan)

Research impact

Select projects with scaling potential

Develop actionable outputs e.g. toolkits

Support ARC1 project continued spread

Deliver research and outputs to time and budget

Monitor and report progress to NIHR and deliver outputs

Research impact



Prevention (primary and secondary)

- Action Falls for Learning Disability
- Adapting FaME for visually impaired (toolkit update)



Rehabilitation

- Telecare – eTELSTAR guidelines for adapting telerehab
- Kidney Beam for CKD

Capacity building

2 x PhDs recruited

- eFalls implementation
- Improving digital triage for older adults

Focus on underrepresented practitioners

- AHP
- Nurses
- Pharmacists
- Social Care

Mentorship

- For ECRs

Conference bursary

- For stroke research

- EMRAN
- Community of practice
- Collaboration events
- Online discussion series



Stakeholder engagement

- One NIHR

- Discussions with Y&H ARC on eFalls
- Discussions with HRC rehab related to collaborative working
- Discussions with region's BRCs

- PPIE

- Support for two existing groups
 - Dementia
 - Stroke
- PPIE member on the core group

Connecting with our networks

- Cross-ARC Social Care
- HIEM
- National Rehabilitation Centre (NRC)
- Centre for Healthcare Equipment & Technology Adoption (CHEATA)
- East Midlands RRDN Ageing Network
- NIHR HealthTech Research Centre in Rehabilitation
- PSWs, POTs, ICBs
- UKHAIC

Thank you

Theme Lead: Professor Liz Orton

Theme Co-Lead: Dr Katie Robinson

20
Years



Data4Health Theme

Theme Lead: Professor Laura Gray



Theme Co-Lead: Dr Clare Gillies



20
Years

Data4Health

Methods development

Methods research is **research about how we do research**. It develops and tests **new ways of designing and analysing studies** to improve the quality and usefulness of future health research.

Clinical trials

Health economics

Evidence synthesis

Analysis of existing data

Using **large existing data** such as health records or biobanks to answer **key health related questions for the public and care services, regionally and nationally**.

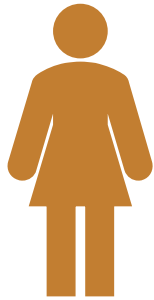
Epidemiological studies

Risk prediction

Target trial emulation



MLTC evidence synthesis

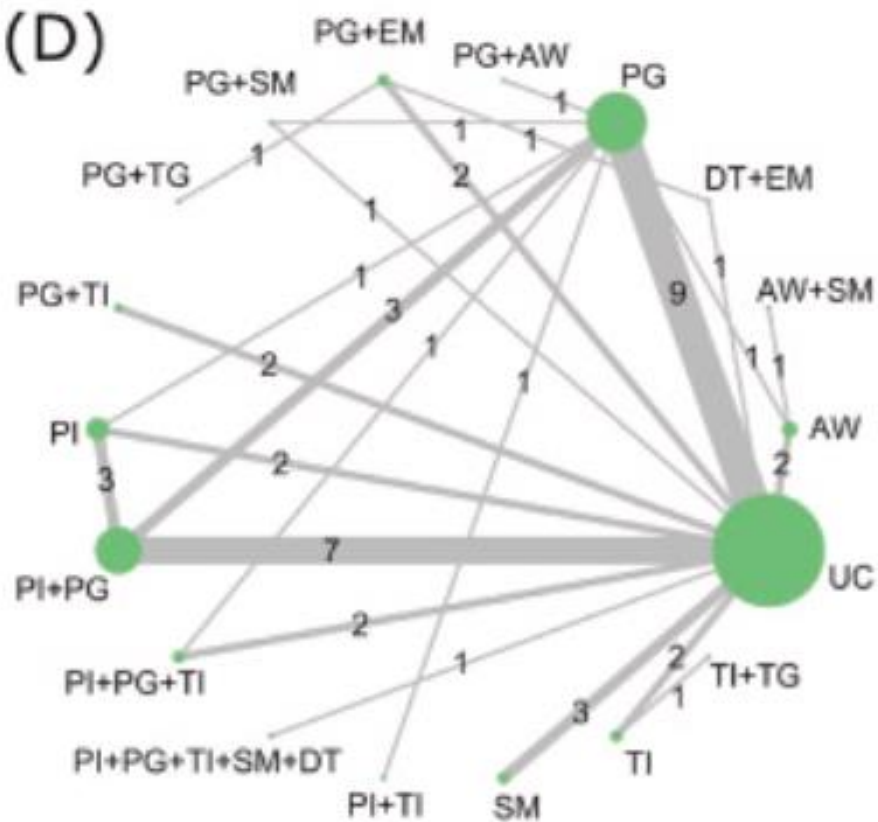


Sam
Aged 45
Single mum
Carer
Type 1 Diabetes
Depression
Anxiety
Asthma

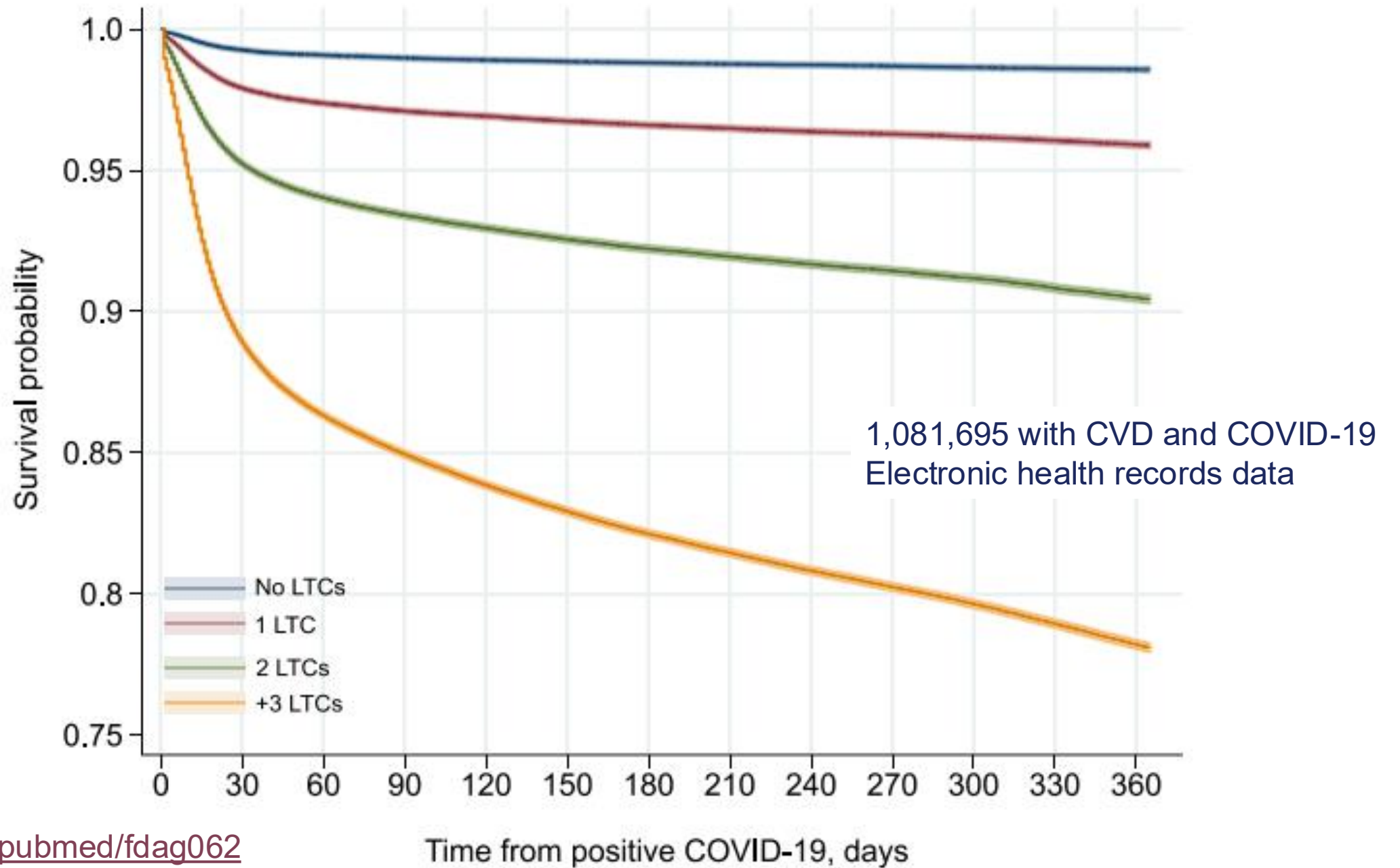
Jess
Aged 20
Student
Epilepsy
Autism



Ted
Aged 79
Retired and widowed
Heart failure
Type 2 Diabetes
Dementia
CKD
COPD
Stroke
Gout



UC: usual care, PI: in-person (individually), PG: in-person (as a group), TI: telephone (individually), TG: telephone (as a group), SM: SMS messages, DT: DVD or television, AW: app or web-based, EM: email.



Statistically speaking – a lay glossary of statistical terms

Bayesian - Bayesian refers to a specific way of doing statistics, by learning and making our predictions better using new information. Take predicting the weather as an example. We make a first guess about how likely it is to be sunny based on historical data. As new information becomes available, such as weather patterns, the Bayesian approach updates our guess using both the historical and the new information.



Thank you

lg48@le.ac.uk & clg13@le.ac.uk

Ethnicity and Health Inequalities

Theme Lead: Professor Manish Pareek

Theme Co-Lead: Dr Riya Patel

Prof Manish Pareek



Our core aim

Reducing unfair differences in health outcomes and access, linked to things like ethnicity, poverty and other personal characteristics, and making sure research is inclusive and works for everyone.

Our key priorities and objectives

WORKPACKAGE 1

Research

- Conduct research on ethnicity- based health inequalities, recognising that many factors beyond ethnicity shape people's health and lives, developing health interventions with communities and solutions to emerging digital technologies to improve access.
- Work across all ARC East Midlands themes and with other ARCs to ensure health inequalities are identified and addressed throughout our research

WORKPACKAGE 2

Inclusive research practice

- Support researchers, healthcare professionals and the public to deliver and participate in research that is inclusive and representative of the communities it serves, through training, guidance and mentoring

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Findings from the REPRESENT Study

Theme 1: Health and Social Care Priorities

Participants identified several important health and social care areas. Primary health priorities included:



Cancer



Hypertension and heart conditions



Diabetes



Mental health



Dementia



Chronic pain and musculoskeletal conditions



Obesity



Sickle cell

Maternal health, child development, autism, and dental health were also identified as important areas needing more support and research.

Participants highlighted several social care priorities, including:

- Access to care and support
- Support for carers
- Language support
- Help understanding and navigating services
- Care that respects different cultures and experiences

National projects

- **National implementation of the Co-Trust toolkit**
- **Qualitative and quantitative evaluation of the national Healthier You Hypertension Programme (MLTC/EHI)**
- **GRACE (Co-produced resources for improving uptake into vaccine trials) evaluation of resources and implementation nationally in vaccine trials**
- **Obesity Pathway Innovation Programme (OPIP)**

Our key priorities and objectives

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Inclusive research practice



Workforce

CEHR training

Research inclusion plans in protocols

Staff-wide equality monitoring project

EDI webinar series



Community

Active Citizen Training

REN ambassador training

Equality monitoring of engagement

Mapping VCSE engagement

Map of research activity and areas of health inequality

PPI4AI



Impact

Terminology project

Develop and implement an EqIA process for all ARC EM outputs to assess accessibility.

Co-develop with stakeholders and public contributors

Imposter participant toolkit development

Thank you

Theme Lead: Professor Manish Pareek

Theme Co-Lead: Dr Riya Patel

Prof Manish Pareek



Multiple Long Term Conditions Theme

Theme Lead: Professor Kamlesh Khunti
Theme Co-Lead: Dr Patrick Highton

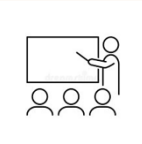
14th October 2026



Theme Aims



Co-produce research to **tackle critical challenges** in preventing and managing MLTCs



Develop and deliver **training** for researchers and healthcare professionals, ensuring national impact.



Analyse large datasets to investigate **optimal management** for MLTCs.

Priorities – National and Regional Alignment

We will address national priorities regarding the growing prevalence and impact of MLTCs, including cardiometabolic and mental health MLTCs

Key priorities identified through national and regional activities include:

- Empowering patients to disease self-manage
- Delivering care closer to home
- Digital interventions
- Medication optimisation
- Weight-reducing and organ-protecting therapies
- Prevention and early intervention



Work Packages

WP1 Research: Conduct ambitious and applied interventional research designed to be implementable nationally and meeting regional and national MLTC-relevant needs, and a suite of non-interventional research

WP2 Knowledge Mobilisation and Capacity Development: Provide leadership in developing and delivering MLTC-relevant education/training by implementing capacity building activities including short- and long-form education courses, multimedia training materials, national ARC Network learning events, and culturally tailored lay dissemination strategies.

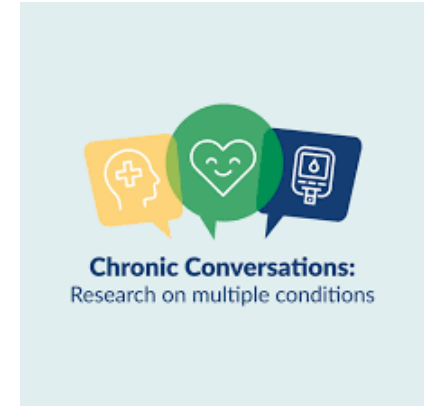
Projects in development

- **Delphi study to develop a Core Outcome Set for MLTCs**
- **Elfie app for management of hypertension and lifestyle factors in those with MLTCs**
- Statin prescription and lipid target achievement; sociodemographic and clinical factors
- Review of adherence as a CVD risk factor in MLTCs
- MLTC trajectories using DPP datasets and trial data (UK, US, China)
- AI-driven merging of physical activity guidelines for MLTCs
- Physical activity interventions in those with MLTC and low physical activity levels
- Co-producing culturally responsive personalised maternity care in those with MLTCs



Training and Education

- Current podcast series on MLTCs – Chronic Conversations
 - Recently recorded episodes covering recent Lancet series on cardiometabolic MLTCs, maternal care in MLTCs, PPIE. Other episodes in progress
 - Other multimedia productions planned
- Planning an MLTC-themed ARC conference
 - Provisional date is **25th May 2027**
 - To share previous learnings and future plans
 - Discuss and debate the direction of MLTC research
 - Platform for students and ECRs



Collaborators and infrastructure

- Currently leading a cross-ARC working group for MLTCs
- Cross-NIHR Collaboration for MLTCs
- NIHR Advanced Fellowships
- NIHR Global Health Research Centre for MLTCs
- Cardio-India (RIGHT-7)



Thank you



Translation and Implementation Research Theme

Theme Lead: Professor Gregory Maniatopoulos
Theme Co-Lead: Dr Gemma Hughes



Team and Aims

Project Lead: Professor Gregory Maniatopoulos

Project co-Lead: Dr Gemma Hughes

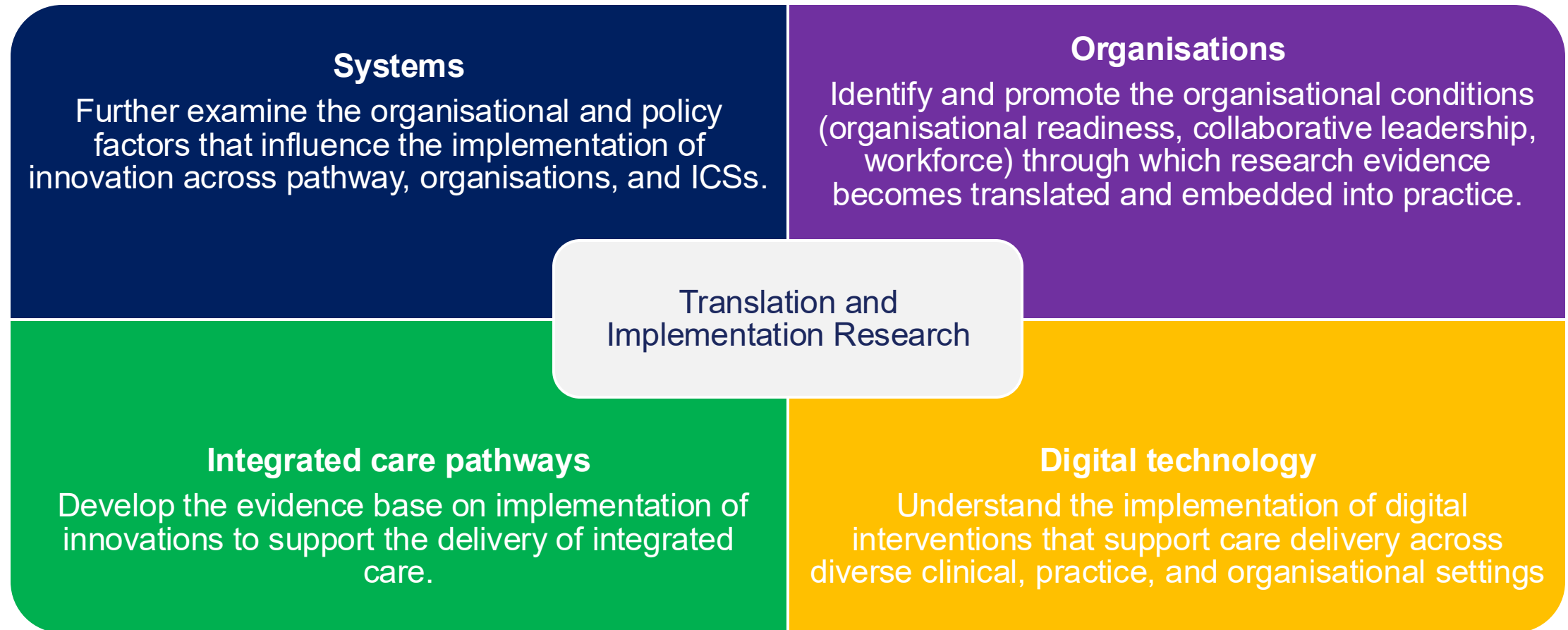
Research Fellow (Translation and Implementation Research)

Research Associate (Translation and Implementation Research)

Aims

- Advance the academic study of implementation research
- Inform the development of dissemination strategies for scale and spread to maximise research impact
- Generate evidence to inform the systemic changes needed to address the national policy priorities to move care closer to home, address inequalities through preventative approaches, and maximise digital transformation.

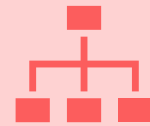
Areas



WPs



WP1: Implementation
Research Leadership and
Study Design



WP2: Development of portfolio
studies to inform the
implementation of integrated
care models across pathway,
organisations, and systems



WP3: Co-production of
organisational readiness toolkit
to support the implementation
of innovation across regional
care systems



WP4: Development of
methodological approaches to
implement digital interventions

Projects

- Bridging the Gap: Delivering Obesity Pathways that reduce inequality in Northamptonshire and Leicestershire
- Evaluation of the national implementation, scale and spread of a digitally enabled integrated kidney care model (LUCID) in primary care
- Exploring the role of Health Innovation Networks in facilitating the implementation, scale and spread of a digitally enabled integrated kidney care model (LUCID) in primary care

Thank you

Theme Lead: Professor Gregory Maniatopoulos
Theme Co-Lead: Dr Gemma Hughes



The East Midlands Context and Setting the Scene

Chair: Professor Marion Walker
Director of Partner Relations



Shaping the Next Five Years

LNR's challenges, ambitions and research partnership



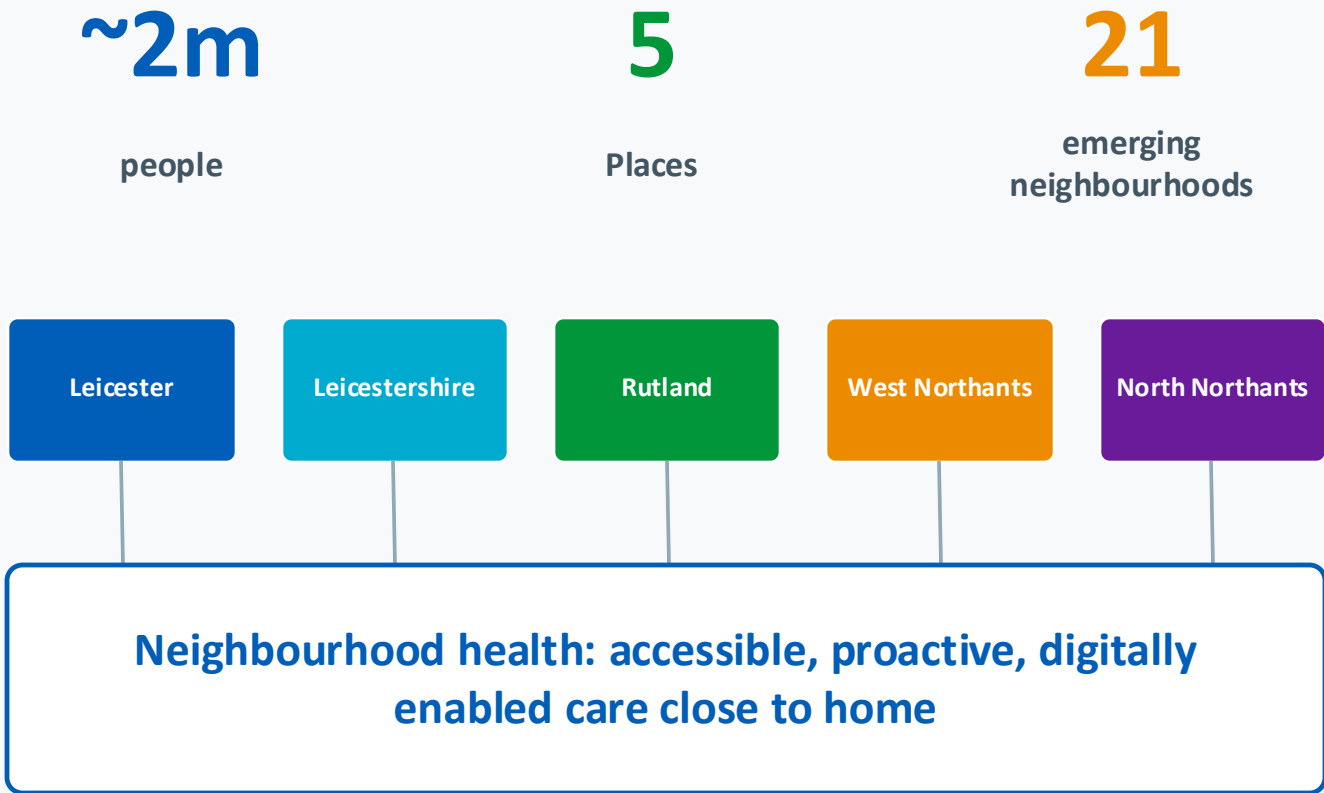
Professor Nileshe Sanganeer

Chief Medical Officer



Our Footprint: Scale, Diversity & a Changing System

Two statutory ICBs working in a cluster arrangement, with neighbourhoods becoming the delivery cornerstone.



What this means for research

- Different population needs across urban, rural and deprived communities
- Variation in neighbourhood maturity, data sharing and delivery models
- A need for evidence that is usable at cluster, place and neighbourhood level
- A single opportunity to learn, adapt and scale across a large footprint

The Evidence Base is Clear: We Need to do Things Differently

The Integrated Health Needs Assessment highlights growing need, persistent inequalities and preventable harm across our population



What this means for research

Prevention • Earlier identification • Equitable access • Neighbourhood implementation

Research must help us understand what works, for whom, and how to scale impact across our neighbourhoods.

Research Challenges

The challenge is not only generating research, but creating the conditions to turn evidence into sustainable improvement.

1

Capacity & protected time

- Limited time to develop, deliver and use research
- Uneven capability across care settings
- Greater coordination across a larger footprint

2

Funding & sustainability

- Short-term and fragmented funding
- Competition for limited capability resources
- Difficulty sustaining successful roles and programmes

3

Data & evaluation

- Different systems and levels of data maturity
- Complex access, linkage and information governance
- Need to demonstrate outcomes, equity and value

4

Evidence into practice

- Evidence is not consistently embedded in decisions
- Limited implementation and mobilisation capacity
- Effective approaches are not always adopted or scaled

Build capacity • Secure sustainable infrastructure • Connect data • Embed evidence in practice

Our Five-Year Ambitions

Three transformation priorities, delivered through neighbourhoods and measured through outcomes.

Frailty & Ageing Well

- Identify frailty earlier
- Coordinate proactive support
- Enable independence and dignity
- Reduce crisis-driven care

Preventable Mortality

- Prevent CVD, cancer and respiratory disease
- Improve early identification
- Support self-management
- Target underserved communities

Children & young people

- Earlier, equitable mental health and neurodiversity support
- Needs-led pathways
- Family support
- Better transitions

Delivery platform

Neighbourhood MDTs

Population health management

Primary & community care

Digital + workforce

VCSE + community insight

Research must help us choose, adapt, evaluate and scale what works.

From Need to Measurable Impact

Research is not a parallel activity. It is part of the strategic commissioning cycle.

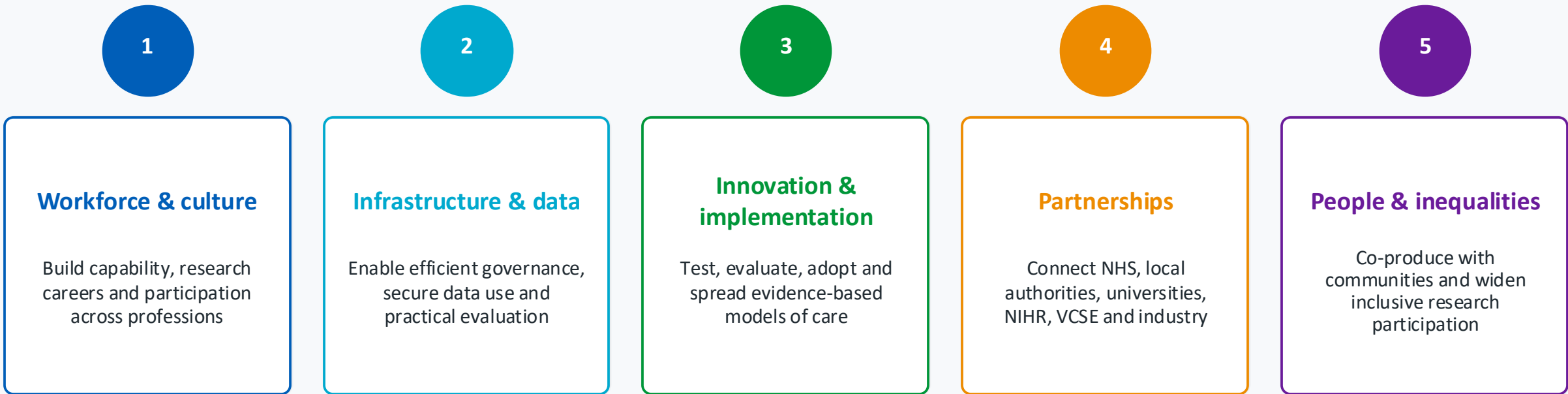


Enablers: research partnerships | inclusive participation | linked data | workforce capability | evidence mobilisation

One Cluster Research Ambition, Built from Two Strong Strategies

Across LLR and Northamptonshire, research is positioned as a core enabler of better care, stronger systems and reduced inequalities.

Research embedded in commissioning, neighbourhoods and service transformation



Shared direction: develop capacity and translate evidence into equitable improvements in population health and care.

Research Aligned to System Priorities

A mature research ecosystem connects discovery, applied research, neighbourhood delivery and evidence mobilisation.

OPIP

Obesity Pathway Innovation

Neighbourhood access, underserved populations, implementation and evaluation

CVKM / Premature Mortality

Prevention and earlier identification

Research and evidence aligned to CVD, respiratory and cancer priorities

BRC Partnership

Translational research capacity

Connect discovery, experimental medicine and population priorities across the cluster

ARC Partnership

Applied research + knowledge mobilisation

Rapid evidence, implementation support and learning across systems

Strategic Partnership

LNR brings strong infrastructure and partnerships. ARC can help turn these assets into consistent system impact.

What LNR brings

- Established research governance and strategic leadership
- Strong University, NIHR and innovation partnerships
- Diverse populations and Neighbourhoods for applied research
- Research capacity spanning primary, community and acute care



Where ARC adds value

- Rapid evidence for commissioning decisions
- Implementation science for Neighbourhood models
- Evaluation combining outcomes, equity and economics
- A pipeline from local testing to regional spread

The shared test: does evidence change decisions, delivery and outcomes?

Our Ask of the Next ARC

Help us build the capability to translate answers into action.



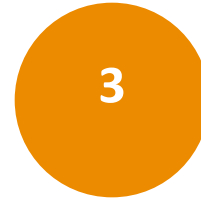
Align

Agree a shared priority pipeline linked to IHNA and commissioning intentions



Embed

Create practical routes for ARC input into commissioning and neighbourhood design



Learn

Evaluate early, share learning quickly and adapt delivery



Include

Put underserved communities and equity at the centre

Our ambition: a learning health system where research, commissioning and delivery operate as one cycle.

Thank you



Professor Nilesch Sanganeer

Chief Medical Officer





ADPH
East Midlands

ARC – setting the Local Authority Public Health Scene

Mike Sandys

Director of Public Health, Communities, Law & Governance, Leicestershire County Council

Director of Public Health, Rutland County Council

Co-director, Leicestershire HDRC

Challenges & Aspirations

Challenges

- Organisational change
 - Local Government Reorganisation (LGR)
 - timescales, boundaries, impact on demography, priorities
 - Mayoral Strategic Authorities (MSA)/Devolution
 - roles and responsibilities, implications for public health
 - Links with Health – changes in the ICB
- Regional structures group around the 'Midlands'
- Enduring research challenges in local authorities (capacity, research culture, nature of 'evidence')
- Political considerations

Challenges & Aspirations

Aspirations

- The number one aspiration is to develop a coherent voice in the East Midlands from Local Authority Public Health teams on research:
 - Having a voice
 - Establish collaborations
 - Establish our priorities

Challenges & Aspirations

Priorities

- **Neighbourhood health and healthy neighbourhoods:** understanding what works at neighbourhood level to improve health and reduce inequalities.
- **Place shaping:** how housing, transport, planning, green space, high streets and the wider determinants influence health outcomes.
- **Prevention implementation:** we know many effective interventions exist (screening, vaccination), NHS Health Checks, smoking cessation etc.), but how do we improve uptake and reach the populations that would benefit most.
- **Rural and coastal health inequalities:** a particularly East Midlands challenge, especially around access to services.
- **Healthy ageing and healthy life expectancy:** focused on frailty & dementia.
- **Financial resilience, economic inactivity and health:** several authorities identified poverty, worklessness and wider determinants as major drivers of health inequalities.
- **Licensing & gambling:** an area where local government can have significant influence.

Challenges & Aspirations

Aspirations (2)

Despite local variation, deprivation remains the dominant driver of health outcomes and many of the opportunities for improvement sit at neighbourhood, place and system level rather than within individual services.

Where could the evidence base could be strengthened?

The East Midlands is uniquely placed to become a "living laboratory" for understanding how neighbourhood health, place-based prevention and system reform can reduce health inequalities and improve healthy life expectancy.



ADPH
East Midlands

Thank you

Mike Sandys

Director of Public Health, Communities, Law & Governance, Leicestershire County Council

Director of Public Health, Rutland County Council

Co-director, Leicestershire HDRC

Reaching People



*Commitment to
Lasting Change*

JENNY HAND

Chair of the Board

REACHING PEOPLE MEMBERS

Members share a commitment
to working together to create
lasting change for people in
most need.

Our Members



ASSOCIATE MEMBERS

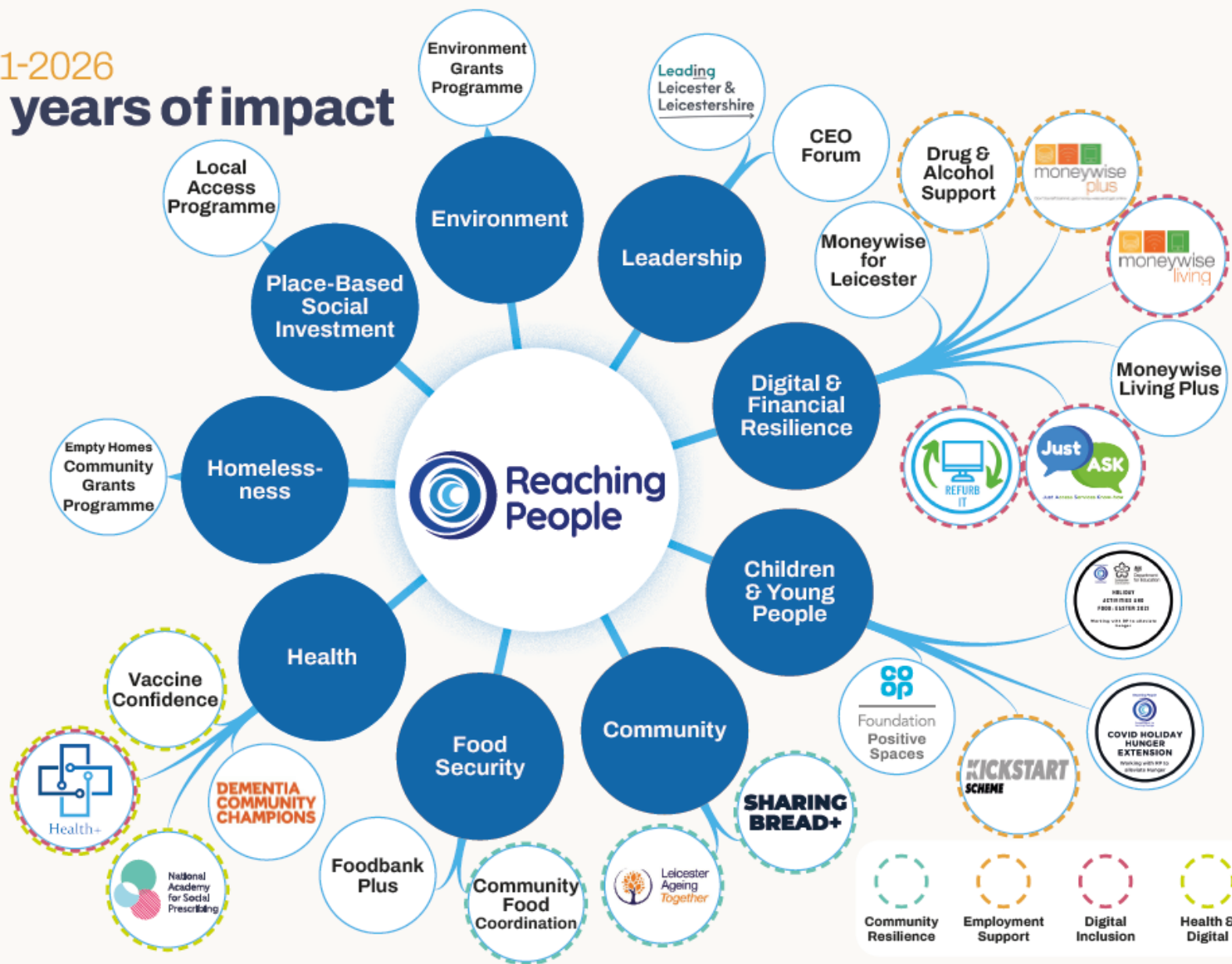
Jenny Hand

Mandy
Wardle-McLeish

Mindfulness
Unleashed



2011-2026
15 years of impact



Dementia Community Champions

**DEMENTIA
COMMUNITY
CHAMPIONS**

Impact in calendar year 2025

1,319

people reached through
16 structured events and
nine community stalls

18

new community and
faith groups engaged

14

volunteer Champions,
including six new
recruits

3,073

Alzheimer's Research
UK resources
distributed

Community food coordination

Impact in numbers

22

food hubs
supported

16,703

households
supported

12,890

children recorded within
the reported activity

£167k

spent on
food

Health+



Health+

Impact in numbers

786

people reached
directly

499

attendances at 28
community sessions

244

people supported
through 50 individual or
patient sessions

43

healthcare staff reached
through 19 staff
sessions

CHALLENGES

- EXTEND AND BUILD ON ROJECTS THAT WORK
- VCSE AND COMMUNITY ENGAGEMENT TO BE VALUED AS A PARTNER IN HEALTH SERVICE SOLUTIONS
- INCREASE RESOURCES FOR PREVENTION AND EARLY INTERVENTION
- INCREASE OPPORTUNITIES FOR JOINED UP SOLUTIONS TO REDUCE ISOLATION AND BECOME MORE HEALTH LITERATE

AMBITIONS

- Research will have an impact on our communities tracking and measuring differences made and involving local people
- The VCSE is recognised as a valid and essential partner with solutions to improve health outcomes
- Collaboration and shared learning continues to inform health improvement.
- The time to reach communities and create solutions is recognised

Reaching People



*Commitment to
Lasting Change*

Thank you

www.reachingpeople.co.uk

Refreshment Break

Share the day using #ARCEMPartners: @ARC_EM

Inclusion and PPIE

Dr Riya Patel
Christine Smith

14th October 2026



INCLUSION

ARC EM supports researchers, healthcare professionals and the public to deliver and participate in research that is inclusive and representative of the communities it serves, through training, guidance and mentoring

ARC EAST MIDLANDS RESEARCH INCLUSION APPROACH

Inclusive research that
drives better health
and care for all
communities.



Patient & Public Involvement & Engagement (PPIE)

HOST INSTITUTE JOINT PPIE STRATEGY

ARC-EM APPROACH & ACTION PLAN



RESEARCH INCLUSION

- Embed research inclusion
- Engage communities and people in culturally sensitive methods
- Broaden engagement and involvement across diverse populations removing barriers
- Increase investment in under-presented populations
- Identify and increase activity in areas of high disease burden and underrepresentation



PARTNERSHIPS & GOVERNANCE

- Strengthen partnerships
- Embed PPIE at all governance levels of ARC EM
- Regularly review membership and representation of CVP
- Identify gaps in community partnerships further building the 300+ community organisations currently engaged



REWARD & RECOGNITION

- Improve award and recognition
- Fully coopt R&R using consistent approaches across the ARC
- Compliance to ensure R&R ethical, legal and acceptable to diverse populations
- Unite transactional and novel methods of R&R



EVALUATION & LEARNING

- Require feedback
- CURE framework & PPIE toolkit for evaluation
- Collect and act on equality monitoring data
- Document changes to policy, practice, design, conduct & participation in research



CAPACITY & CAPABILITY

- Build confidence and capability for the public (VOICES, intro to PPI), researchers & students through co-produced training (ECE, CC)
- Share & work together across themes, ARCs and NIHR infrastructures
- Collaboration with communities & REN



COMMUNICATION

Communication channels go full circle to include feedback to people and communities



THEME-LEVEL APPROACHES TO EMBEDDING CEI

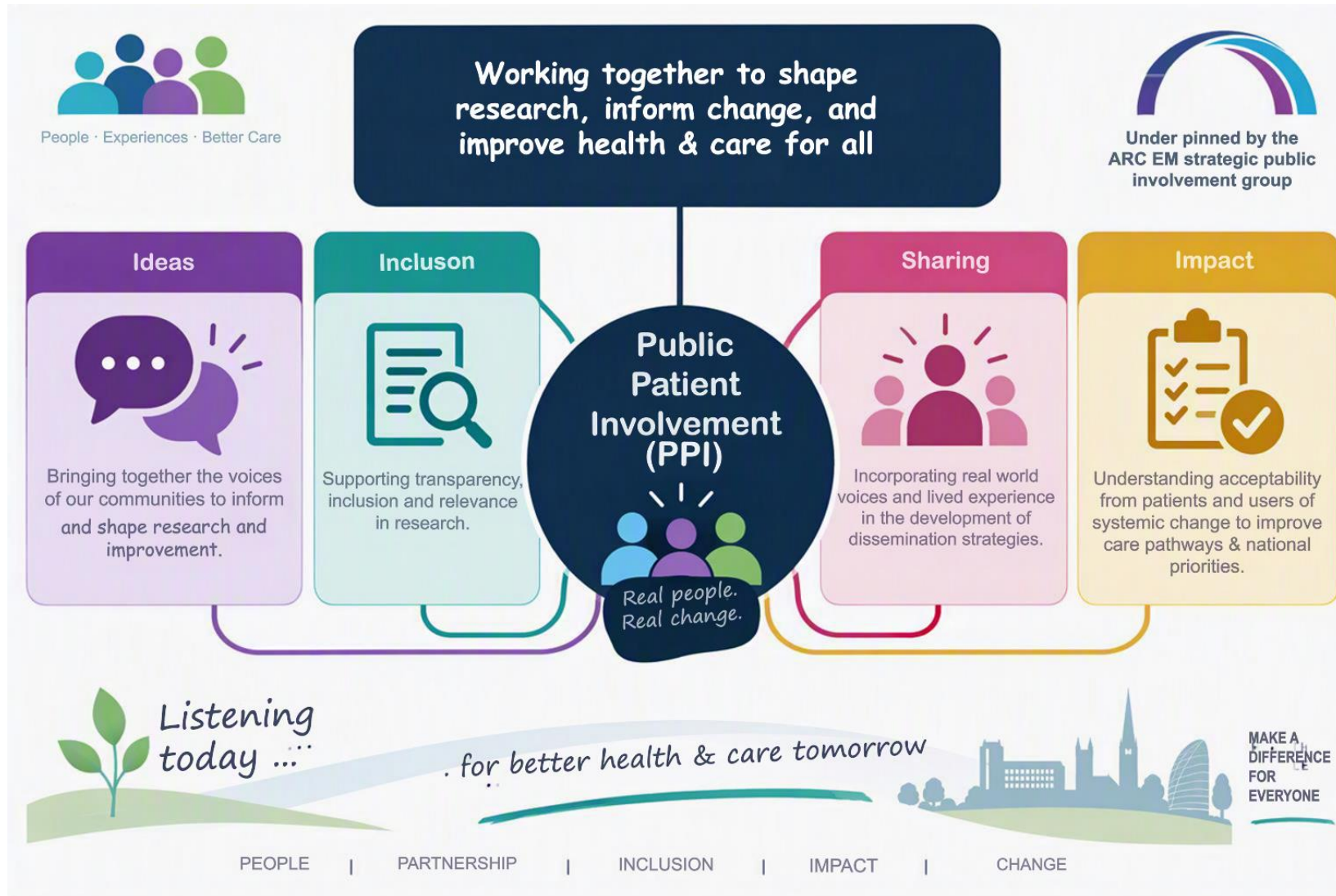
TIR/ BRILL/ EHI/ MLTC/ D4H



WIDER POLITICAL AND SOCIAL INFLUENCES

That affect our approach and willingness and trust of our populations to engage with us
(e.g. recent issues around gender, ethnicity, migration)

Delivering PPIE



PPIE in action



Research inclusion in action: Co-Trust as a case study

Co-Trust Research programme: Research inclusion in action

- To understand how ethnic minority communities conceptualise trust and mistrust in medical research and to co-produce a practical, community-informed toolkit to support researchers and wider research stakeholders to demonstrate trustworthiness.
- Co-production workshops in collaboration with community organisations (4 hours in length)
- 251 participants contributed to the development of the toolkit
- 15 diverse ethnic minority communities across Birmingham, Leicester, London and Manchester
- Within each community we spoke to both older and younger groups

Research inclusion in Co-Trust: starting from a different question

- **Instead of asking:** How do we get underserved communities to take part in research?
- **Co-Trust asked:** What needs to change within research for communities to consider researchers and research organisations trustworthy?

Inclusion meant sharing influence, not simply asking for views

Community input influenced:

- how mistrust was frame
- the questions included within the workshop topic guide
- the emphasis on researcher and institutional trustworthiness, rather than asking communities how they could become more trusting
- the recommendations ultimately incorporated into Co-Trust
- dissemination back to participating communities in person with resources they can see themselves in.

“If you could give a message or piece of advice to a health researcher about trust and community engagement, what would it be?”

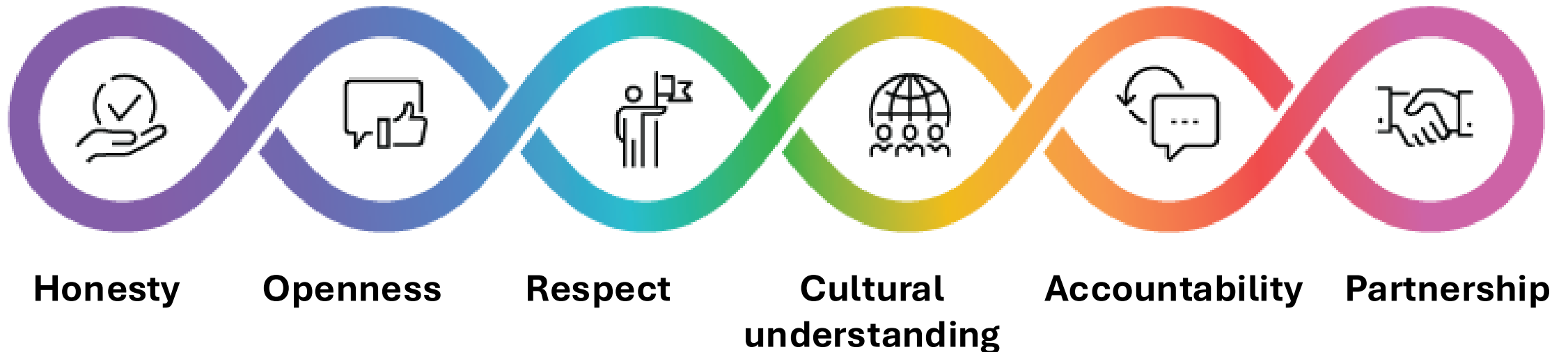
What communities taught us about inclusion

Inclusion is in the details

- **Trustworthiness is demonstrated through action:** Participants described trust as something researchers and institutions need to earn through behaviours such as honesty, accountability, respect and transparency
- **Relationship-building matters:** Participants emphasised spending time developing relationships before recruitment begins.
- **Research inclusion is connected to wider experiences:** Participants' perceptions of research were shaped by experiences of healthcare, discrimination, exclusion and wider institutions.
- **Responsibility extends beyond the researcher:** Communities also considered the trustworthiness of the organisations, funders, ethics structures and wider systems surrounding research.

Trust is built through trustworthiness

- Trust is not automatically granted because someone is a researcher, clinician or is associated with a high profile institution.
- Participants told us that trust develops when researchers demonstrate:



Turning inclusion into action: the Co-Trust toolkit

Our inclusion approach did not just influence how the research was conducted. It shaped the output.

It requires attention to who shapes research, how relationships are built, how decisions are shared, and whether the wider research system behaves in ways communities recognise as trustworthy.

The question shifted from “*How do we include communities in our research?*” to “*What do we need to change about how we do research?*”

Thank you

Dr Riya Patel
Christine Smith

14th October 2026



What happens next – Shaping the future: Choice based conversations

Chair: Professor Liz Orton, ARC Theme Lead



NIHR ARC EM Examples of successful projects

CLAHRC Project Impact Summary

Project	Key Impact/Metric
 Leicester Self-Assessment (LSA)	Completed more than 2.4m times
 Focus ADHD (QbTest)	Used in 61 NHS trusts; 57,484 assessments
 Falls Management Exercise programme (FaME)	Featured in WHO Step Safely report
 COVID-19 mass spectrometry test	Rolled out across NHS via Operation Moonshot

Thank you

We welcome your feedback!

Shaping the Next Five Years of
Applied Research Event - Feedback
Form



20
Years