


## APPLIED RESEARCH COLLABORATIONS

### Progress Report (01 October 2019 to 31 March 2020)

**Note:** The accompanying *NIHR ARC – Guidance on Completion of Progress Report for Period 01 October 2019 to 31 March 2020* contains essential guidance on the information you need to provide when completing this document.

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

#### 1. ARC Details

**Name of the NIHR Applied Research Collaboration (ARC):**

NIHR ARC South London

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

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**Job Title:** Associate Director of Operations

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#### 2. Declarations and Signatures

**Name and address of the NHS Organisation administering the NIHR ARC award:**

**Name:** King's College Hospital NHS Foundation Trust

**Address:** Denmark Hill, London, SE5 9RS

**Name of the Chief Executive of the NHS organisation:**

Professor Clive Kay

**I hereby confirm, as Chief Executive of the NHS organisation administering the NIHR Applied Research Collaboration award, that this Progress Report has been completed in accordance with the guidance issued by the Department of Health and Social Care and provides an accurate representation of the activities of the NIHR ARC; 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:**

**Signature of Chief Executive:** .....                      .....                      **Date:** .....                      .....

### 3. Overview of Activities (no more than 1500 words)

In its first six months, the ARC South London has made excellent progress against its short-term objectives (1-2 years), as set out below. In addition, we have maintained momentum with projects taken forward from the CLAHRC and developed under the ARC. These are already beginning to have an impact on local services and people. Highlights include:

- Healthy Eating & Active Lifestyles for Diabetes (HEAL-D), a type 2 diabetes self-management programme, culturally tailored to meet the needs of black African and Caribbean patients. It was developed using co-creation methods to ensure its relevance and acceptability. The pilot study in primary care led to significant improvements in HbA1c and patient quality of life. The programme was commissioned by six clinical commissioning groups (CCGs) for autumn 2019 (approximately 120 places). This saw HEAL-D implemented in four London boroughs: Lambeth, Southwark, Lewisham and Croydon. HEAL-D received the *Quality in Care Diabetes Award* in December 2019.
- The Children and Young People's Health Partnership (CYPHP), a new model of care designed to deliver significantly better health and care outcomes for children and young people. It has been commissioned in Lambeth and Southwark, and we expect it will be extended across south-east London. Our early evaluation of the service has demonstrated significant impact, including reductions in acute service use, and improvements in health and healthcare quality. CYPHP has established a model of clinical-academic partnership that is improving research translation to benefit the population and the NHS. We expect the full trial results by the end of 2021.

#### **Identifying research project milestones and pathways to impact (ARC objective 1)**

All seven core ARC research themes have identified project milestones and pathways to impact for all research projects. This short-term aim is now complete.

#### **Establishing the ARC's governance and management structures (ARC objective 2)**

We have set up governance structures and internal processes that incorporate monitoring systems and encourage collaboration between the research themes. Our core governance structures, the ARC Executive and Board are set up, and the ARC's core management structures are in place. The Centre for Implementation Science (CIS) Executive is chaired by Professor Nick Sevdalis (CIS Director) and reports to the ARC Executive. The CIS Executive oversees coordination and development of the cross-cutting and methodological aspects of the ARC. We have approved a new communications strategy, developed a new website, created new project adoption forms and bi-annual reporting forms, and established a central resource that offers administrative, health economics, informatics and communications support.

We commissioned an external review of patient and public involvement and engagement (PPIE) activity and plans, undertaken by the Chair of the Academic Health Science Network (AHSN) PPIE forum. This review is complete, making a series of recommendations for PPIE work under the ARC. We are now working with local people, user groups, researchers and others to co-produce a new PPIE strategy, with a community meeting and workshops planned for later in the year. We have:

- Employed a PPIE coordinator to support service user, carer and public involvement in health and social care and enabling community development
- Employed a lead for diversity and inclusion across the ARC to develop and implement a strategy for building diversity and inclusion (D&I) into all aspects of the ARC programme.

#### **Achieving first-year theme milestones and deliverables (ARC objective 3)**

All ARC themes have identified first-year milestones (see above). Despite the restrictions brought about by the Covid-19 pandemic, all themes are now on track to delivering these, recruiting high-calibre research staff and co-ordinating the logistics of projects. In our response to the pandemic, the ARC has taken on more than 50 new research projects (either adapted from our original research plans or newly funded). As a result, we expect our research themes to exceed their first-year milestones and deliverables.

#### **Demonstrating specific mechanisms to ensure the ARC addresses the needs of the local population and health and social care system (ARC objective 4)**

The ARC is developing a range of mechanisms to ensure that we address the needs of the local population and health and social care system. These include:

- Our improvement science team, King's Improvement Science are funded by King's Health Partners (KHP, our local Academic Health Science Centre) and the ARC reports to the KHP board
- We are strengthening our relationships with local **CCGs, STPs, and LAs** to support the developing integrated care systems. For example, Dr Ruth Hutt, director for public health at Lambeth Council is now a member of the ARC's Board.

- Researchers in the Centre for Implementation Science reviewed each ARC health theme's plans to assess the quality and implementation science methodologies to be used and how they can address the needs of local communities and the health and care system.
- Both at the theme and organisation level, we hold regular meetings with members of the local community to ensure that our research is designed around their needs. This includes a series of events designed to help us understand the impact of Covid-19 on individuals, communities and populations in south London.
- We are communicating through a quarterly newsletter with around 500 subscribers, with content written by and for local service users, carers and communities and PPI leads in NHS and social care organisations.

#### **Establishing a thematic symposium series across the ARC to ensure active collaboration between all themes by the end of year 2 (ARC objective 5)**

We have invited themes to submit their ideas for a symposium series to the Executive, and discussed the aims and delivery. A cross-theme working group has been set up to plan the series.

#### **Establishing regular meetings with health and social care delivery partners in south London (ARC objective 6)**

Our monthly Executive meeting includes our theme leads as well as representatives from our health and care delivery partners in south London, including: South London and Maudsley NHS Foundation Trust, King's College Hospital and King's Health Partners. The Executive is accountable to the Board which includes representatives from each ARC partner, Health Education England, local public health leads, and patient and service user representatives. The Board meets four times a year.

At a theme level, our researchers meet regularly with health and social care delivery partners. For example:

- Our social care theme meets with partners including: the boroughs of Bexley, Kingston, Richmond, Lewisham and Southwark, King's College Hospital social work team, the Methodist Mission Deptford, Lewisham Pensioners' Forum and Age UK London.
- Our maternity theme meets with the maternity and women's health policy team, the transformation programme, patient safety and experience group, and senior clinical leadership at NHS England and NHS Improvement, South-East London Local Maternity System, Our Healthier South East London (STP for south-east London), and the Health Innovation Network.

The ARC held a launch event in March with 75 people attending, including representatives from our health and social care delivery partners. Discussion focussed on how our research aims to respond to the challenges of an ageing society, more people living with multimorbidities, and addressing inequalities in health and care. The event was opened by Dr Adrian McLachlan, GP clinical lead for Lambeth, South East London Integrated Care System, and co-chair of the ARC South London board.

#### **Prioritising research for implementation to improve services and health outcomes**

The ARC's implementation and engagement (I&E) work is co-led by Zoe Lelliott, the Chief Executive of the Health Innovation Network (AHSN) and the AHSN's Medical Director, Dr Natasha Curran. The I&E team has met with all ARC research themes, identifying projects with early potential for local and national implementation. This work was informed by the work carried out across the AHSN Network to select projects for national scale up, which was led by Zoe Lelliott. Following this, the I&E team have developed a robust process for prioritising ARC projects for implementation support. The aim is to ensure that projects address a local health and care need, that they are aligned with the priorities of the local health system, the intervention is robust, and that they make best use of existing resources and networks. We are currently recruiting an implementation manager, who will work closely with ARC research theme leads and 'implementation champions'. We expect the implementation champions to be in place by end of year 2 (ARC objective 7).

#### **Significant developments in implementing the strategy**

The Covid-19 pandemic has highlighted the health and social care priorities that drive the ARC's research. It has also transformed how we work. In March 2020 we rapidly re-focused our applied research to address Covid-19 and its longer-term implications, particularly in the areas of [palliative care, social care, maternity and perinatal mental health, informatics and public health](#). We have taken on more than 50 new research projects, adopted remote working methods, and used virtual technology to engage with our local community and to deliver education and training, with work having a direct impact on policy and professional guidance.

#### **Progress against medium-term aims**

In addition to making excellent progress with our short-term aims, we are making significant progress on our medium-term aims, developing plans for our implementation science week (objective 8) and online educational offering in implementation science (objective 9).

#### 4. Progress Made in Each Research Theme (no more than 500 words per theme)

##### **Section 4: Alcohol theme**

The theme lead is Professor Colin Drummond and the deputy theme lead is Dr Paolo Deluca (both King's College London). The theme's aim is to develop and evaluate optimal methods of implementation of alcohol interventions targeting harmful and dependent drinkers with physical and mental comorbidities.

##### **Project 1: Alcohol interventions to reduce alcohol harm in acute alcoholic liver disease**

- Our short-term objective is to evaluate the impact of psychosocial interventions in reducing alcohol harm in patients with acute alcoholic liver disease.
- Our main deliverable for 2020 involves a scoping exercise and linked PPI work.
- The research team have developed links with hospitals and liver specialists, developed a research protocol for a randomised controlled trial and applied for NIHR funding.
- The team began their PPI involvement activities, but these were put on hold in March due to the pandemic.

##### **Project 2: The utility, acceptability and efficacy of wearable transdermal alcohol monitoring**

- Our short-term objective is to validate and evaluate different wearable transdermal alcohol sensors and associated apps.
- Our key milestone for 2020 is to conduct a validation testing of a novel alcohol transdermal sensor.
- Originally, an MSc student was to be recruited to conduct a feasibility study, but due to Covid-19 there was a recruitment freeze. Two PhD students have since been recruited to start October 2020. One of them will conduct a feasibility study which will take place in 2021-2023.

##### **New research:**

- We have redeployed internal resources to develop Covid-19 related research. We are developing, with colleagues, a national online survey of people drinking at harmful levels to examine how the pandemic impacted on their alcohol use and their help-seeking (SACCO study). We are also involved in a study of London homeless people, who have been housed in hotels, to investigate service/help provision and emerging needs.

##### **Impact:**

- We are supporting NHS England and Public Health England (PHE) in the roll-out of assertive outreach services for alcohol-related frequent attenders and have contributed to policy documents. We are also contributing to *The Lancet* Liver Commission in developing a blueprint for assertive aftercare for patients admitted with alcohol-related liver disease. This will be published in *The Lancet* in 2020.

##### **Adopted projects:**

- The Alcohol Dependence and Adherence to Medications (ADAM) trial is now in the follow-up phase and we expect to complete the project by April 2021.
- The Alcohol Assertive Outreach Treatment (AAOT) trial is complete and we are in the process of analysing data.
- We have completed data collection in A&E and sexual health clinics for our study evaluating the minimum unit pricing of alcohol in Scotland. Data are being analysed and results should be available in early 2021.

#### **Section 4: Children and young people's (CYP) theme**

The theme lead is Dr Ingrid Wolfe, Director of the Institute for Women and Children's Health, the Children and Young People's Health Partnership, Consultant in Paediatric Population Health Medicine, and clinical senior lecturer at King's College London (KCL). The deputy theme lead is Dr Julia Forman, lecturer in statistics and epidemiology at KCL.

In the first six months, there have been no changes to the theme's aims or objectives. Four researchers have been recruited to the theme: Dr Rick Hood, associate professor in children's social work at Kingston University and St George's, University of London; Dr Lizzie Cecil, a KCL research fellow in children's health services; Dr Swapnil Ghotane, a postdoctoral researcher at KCL; and Jenny Greenwood, a KCL predoctoral researcher.

#### **Project 1: Improving care for children with complex needs and disabilities (INCLUDE)**

In this project the CYP team will develop, implement and evaluate the effectiveness and cost-effectiveness of a coordinated model of care for children and young people with disability and/or multi-morbidities

#### **Short-term objective: Systematic review of evidence and local systems mapping**

- Milestone 1: Jenny Greenwood has mapped local stakeholders, care provision, existing resources, and activities across the 12 boroughs in south London for CYP with long-term health conditions. This work has identified more than 200 services and stakeholders.
- We have produced an interactive digital map of these services, including their aims, strategies and key personnel.
- A planned event with stakeholders is currently on hold due to Covid-19; we are planning virtual and remote engagement activities.
- Milestone 2: Dr Ghotane has completed the protocol for a systematic review of interventions for CYP with complex care needs. This review should be complete by December 2020.

#### **Project 2: Identify family needs for support, prevention and risk reduction (INSPIRE)**

In this project the CYP are co-producing, piloting, and validating a child and family school-entry screening tool, to identify unmet needs and risk factors, and provide a tailored package of preventive and supportive care.

- Milestone 1: Systems mapping (as described in project 1) complete.
- We plan to complete a systematic review by June 2021; currently in the protocol planning stage.
- The core researchers for this project have been recruited.

#### **Adopted project: Children and young people's health partnership (CYPHP)**

- The CYPHP has been commissioned as a new model of care in Lambeth and Southwark, and we are in discussions with south-east London Integrated Care System regarding wider roll out.
- Our early evaluation of the service has demonstrated significant impact, including reductions in acute service use, and improvements in health and healthcare quality.
- The new service model is increasing access to care, particularly to children living in the most deprived neighbourhoods of south London, suggesting potential to reduce inequalities in access to care.
- We aim to have full trial results by the end of 2021.
- CYPHP has established a model of clinical-academic partnership that is improving research translation to benefit the population and the NHS. This approach is being scaled through the Institute for Women and Children's Health.

#### **Section 4: Maternity and perinatal mental health theme**

The theme lead is Professor Jane Sandall and the deputy theme lead is Professor Louise Howard (both King's College London). The theme's aim is to inform how the optimisation of maternal perinatal mental and physical health, care and outcomes by exploiting the best routine data and implementation research to mitigate inequities for better beginnings and healthy lives.

##### **Project 1: Models of maternity care for women living in areas of ethnic diversity and social disadvantage in south-east London**

- We are exploring factors associated with clinical outcomes for women and their infants from black, Asian and ethnic minority (BAME) groups using data-linkage.
- This project has been approved by the eLIXIR (early-Life data cross-Linkage in Research) oversight committee and data extraction is ongoing.
- We are exploring care pathways and outcomes for women who have received place-based models of continuity of maternity care using data-linkage (also approved by eLIXIR oversight committee).
- We are undertaking a qualitative longitudinal study of women receiving models of place-based continuity of maternity care (prepared a protocol in collaboration with [Lambeth Early Action Partnership](#) (LEAP)).
- The LEAP model of place-based continuity of care was not delivered due Covid-19, but has now been reinstated in recognition that continuity of maternity care is a safety net for women with social risk factors.

##### **Project 2: Factors surrounding severe maternal morbidity and mortality among women with mental illness**

- This project aims to investigate the factors surrounding severe obstetric complications and near-fatal perinatal self-harm among women with mental illness using qualitative and quantitative methods.
- The quantitative analysis of data on factors surrounding severe obstetric complications has been completed and written up for publication.
- Data extraction of qualitative notes on near fatal self-harm has been completed, an analysis plan and initial coding framework has been developed.
- We are undertaking a qualitative interview study of women and family's experiences of life-threatening events associated with perinatal mental illness. We have written the protocol for this study and submitted to a research ethics committee after PPI consultation.
- Project 2 was paused while we wrote a new study protocol examining the impact of Covid-19 on mental health, domestic abuse and drug and alcohol use during pregnancy using eLIXIR in south London.

##### **New research**

- Our researchers have been awarded a King's Together research grant (led by Professor Laura Magee) to investigate the impact of Covid-19 on pregnancy and neonatal outcomes among women with physical and mental health co-morbidities.

##### **Impact: Pilot study of midwifery practice in preterm birth including women's experiences (POPPIE)**

- Our adopted project POPPIE implemented and evaluated a continuity of midwifery care model at Lewisham Hospital. The POPPIE team are being sustained in the long term by the Trust.
- This year more continuity models have been scaled up and implemented across Lewisham and Greenwich NHS Trust for different populations including black, Asian and minority ethnic women, and socially disadvantaged women.
- The POPPIE pilot trial paper has been accepted for publication by PLOS-MED.

#### **Section 4: Palliative and end of life care (PEoLC) theme**

The theme is led by Professor Irene Higginson, with deputy leads Professor Gao and Dr Maddocks. No changes to the PEoLC theme aim or objectives in the first six months beyond an additional Covid-19 workstream. The ARC Executive adopted six projects under this theme during the reporting period.

##### **Project 1: Understanding multimorbidity, complexity, and variation in health and social care**

This project uses routine patient data to understand variations in where people died, emergency admissions, inequalities in geographic accessibility and factors associated with place of death in multimorbidity.

- We have completed data cleaning, identified and extracted all deaths with  $\geq 2$  contributory causes within south London.
- A population-based study on regional variation in geographic access to inpatient hospices and place of death was published by the European Association of Palliative Care.
- We hosted a Michal Galazka International Study Day on challenges for big data use in end of life care research, and experiences of data linkage. We presented on the role of geographic access in place of death.

##### **Project 2: Outcomes, health and social care costs, symptom management and prevention**

This project expands our existing PEoLC outcomes action collaborative and embed outcome measurement into routine practice.

- We identified chronic respiratory disease as a non-specialist palliative care priority area to support expansion of patient-centred outcomes into practice across King's Health Partners as part of a COPD Scorecard Development Team.
- We joined the International Consortium for Health Outcomes Measurement Working Group on developing new standard outcomes set for PEoLC.
- We launched an Outcome Action Collaborative (OAC) and organised a two-day training event with >200 attendees from 80 different care and research settings across the UK.
- We extended the use of POS in understanding the trajectory of patient-centred outcomes and effectiveness of treatments in Covid-19 patients.

##### **Project 3: New models of palliative and end of life for multimorbidity bridging health and social care**

This project develops, evaluates and implements new PEoLC models attuned to multimorbidity.

- A tertiary systematic review of common elements of effective PEoLC models for older populations with chronic disease and multimorbidity submitted to the WHO for consultation to inform a policy brief.
- A feasibility RCT on short-term integrated rehabilitation for thoracic cancer was published with the [intervention manual shared online](#).
- Two MSc physiotherapy students conducted a secondary analysis of trial intervention data to inform a follow-on grant application.

##### **Patient and public involvement (PPI)**

- We hosted a full-day workshop (10 representatives) on PPI in secondary and routine data analysis, and a virtual PPI workshop (16 representatives) with a session on health and social care outcomes.
- Relunched our online PPI forum ([www.csipublicinvolvement.co.uk](http://www.csipublicinvolvement.co.uk)) following co-production workshops. This has increased forum activity and enabled increased PPI in new and ongoing studies.
- Led a virtual consultation with PPI networks across the UK on experiences, concerns, and priorities for PEoLC research during the Covid-19.



#### **Section 4: Patient and public involvement (PPI) research theme**

Following the retirement of Professor Diana Rose in June 2020, Professor Mary Chambers, Kingston University and St George's, University of London is now the PPI research theme lead. The deputy theme lead is Dr Stan Papoulias, King's College London. In the first six months, there have been no changes to the overall theme's aims or objectives.

##### **Project 1: A mixed-methods study to identify existing approaches to PPI in health and social care commissioning**

The project builds on a CLAHRC South London adopted project and contributes to the work of Professor Peter Littlejohns in the public health and multimorbidity theme. The aim is to identify existing approaches to PPI in health and social care commissioning decision-making, and develop an intervention (tool-kit) to facilitate public contributions to decision-making processes.

- Currently our ethics application is being reviewed by the Centre for Public Engagement research expert group at Kingston University and St George's, University of London.
- We have identified two potential public contributors and six potential study sites. Due to Covid-19 we have been unable to confirm these sites in order to complete the mapping exercise.
- We are continuing to refresh the literature review and the research protocol.
- Collaboration with the ARC Kent, Surrey and Sussex established.
- Our next steps are to obtain ethical approval, complete the mapping exercise, and finalise membership of our advisory group.

##### **Project 2: Qualitative study of the role of PPI leads / practitioners in research**

This project aims to study the challenges and enabling conditions for the work of PPI leads in NIHR-funded research. It has been co-designed with contributions from PPI leads and service users from across the ARCs.

- Completed a synthesis of preliminary workshops undertaken with PPI champions and public contributors.
- Ongoing analysis of policy, funding and organisational context for PPI in applied health research.
- Submitted two peer-reviewed articles: an analysis of PPI evolution in the tenure of Maudsley BRC (in press with BMC Research Involvement and Engagement), and a commentary on the dark side of co-production in research (co-authored, in press with Health Research Policy and Systems)

##### **Adopted project: Therapeutic Engagement Questionnaire (TEQ)**

- Prior to the Covid-19 pandemic, the adopted TEQ project (carried forward from the CLAHRC) and funded by the Department for Health and Social Care, had been implemented in three mental health NHS trusts.
- We secured a grant from Kingston University to appoint a mental health nurse researcher for 18 days to work with the Trusts (currently postponed).
- Internationally, it has been implemented in Finland, Malta, Jordan and Slovenia.

#### **Section 4: Public health and multimorbidity theme**

The theme lead is Professor Peter Littlejohns, King's College London, and the deputy lead is Professor Peter Whincup, St George's, University of London.

In February, the theme held a multidisciplinary academic and service forum with 22 delegates, which identified areas of collaboration across the theme's three workstreams.

##### **Diabetes research**

Our diabetes researchers aim to improve the prevention and management of type 2 diabetes (T2D) complications in primary and secondary care across south London's diverse multi-ethnic population.

- To support our short-term objective to develop interventions reducing dietary energy intake to reduce T2D risk in people at-risk, particularly those of South Asian, African and Caribbean origin, the team have worked on the HEAL-D programme for management of T2D in local African and Caribbean communities.
- The researchers are drafting a report on the preliminary study of the fidelity of high cereal fibre dietary intervention for children and adolescents.
- In support of the short-term objective to facilitate the development of algorithms identifying T2D patients at high risk of complications and multimorbidity, we have initiated tracing and follow up of the SOUL-D study's cohort population, which explores the association between depression and diabetes outcomes in people with newly diagnosed T2D.
- A report examining the impact of movement to the Olympic East Village on use of transport modalities [was published](#) in February 2020.

##### **Public health research**

Our public health researchers are aiming to co-produce new population-focused health interventions to be incorporated into integrated care systems and local government prevention strategies

- Following a pilot, Dr Clare Coultas, King's College London, will work as an embedded researcher in Lambeth Council examining a co-production project. Before Covid-19, this was to be on youth violence prevention. The emphasis has shifted to explore how to engage black, Asian and minority ethnic communities in Covid-related research.
- Working with the PPI research theme, we have carried out key informant interviews looking at how south London integrated care systems are being operationalised.

##### **Vascular research**

In order to estimate the first and subsequent events in the context of multimorbidity using the South London Stroke Register extra funding has been obtained from the NIHR Guy's and St Thomas' BRC, Dunhill Medical Trust, Horizon 2020, NHS England for Long Term needs and evidence review.

- We have developed a data analytics platform and formed collaborations with the leading clinicians in the largest hospital receiving Covid-19 patients nationally.
- We will be studying data from patients with Covid-19 taking ACE inhibitors; ethnicity and Covid-19 outcomes; prognostication, prediction and stratification; and the impact of ventilation in intensive care.

##### **Smoking research**

- The two original projects evaluating the smoking and health outcomes of the CCG-commissioned acute medical tobacco dependence treatment pathways in King's College Hospital and Guy's and St Thomas' Hospital were temporarily on hold, but have restarted. Two new Covid-19 projects have been started.
- We have initiated a qualitative exploration of the experience of tobacco harm reduction in emergency hotels for people experiencing homelessness during the Covid-19 outbreak and an audit of smoking cessation treatment for mental health in-patients who have tested positive for Covid-19.

#### **Section 4: Social care theme**

The theme lead is Professor Jill Manthorpe, and the deputy theme lead is Dr Kritika Samsi (both King's College London).

##### **Project 1 - Mapping and community engagement (MACE)**

The aim of this project is to design and implement sustainable community capacity among day services for adults who access care and support.

- We are producing a detailed map of day services in four south London boroughs to ascertain strengths and gaps in provision and demand. We have completed two in-depth case studies.
- Our literature review of day centres was published (January 2020).
- Over lockdown, many day centres for homeless people remained open to provide essential services such as hot meals and hygiene products. We collected early views from managers of south London day centres for homeless people about their early responses to Covid-19.
- We co-produced the first national guidance for day centre managers to “unlock lockdown”. This covers the practicalities of re-opening, with prompts for reflection. We co-produced the Social Care Institute for Excellence’s (SCIE) wider guidance.

##### **Project 2 - Setting and responding to priorities (SARP)**

In this project, we will co-produce research and development priorities for social care communities in south London, including day services, and respond to these priorities.

- We are working with a group of hospital social workers who are keen to develop research on their initiatives, activities, and outcomes.
- We launched the UK’s first Day Centre Research Forum in January 2020. This provides a unique space to discuss day service research and meets twice a year (now held virtually).
- In March we contributed to an overview of international Covid-19 social care policies and regulations: ‘International policy responses and early management of threats posed by the SARS-CoV-2 pandemic to social care’, in press in *Journal of Long-Term Care*. This informed Department for Health and Social Care and other government departments’ policy.
- Our **Unlocking Lockdown** guidance was well received by local and national day centre managers, volunteers, and other stakeholders (including House of Commons Library).

##### **Adopted projects**

- In March 2020, the ARC adopted our Alzheimer's Society-funded study: *Taking a break. Use of residential respite by people with dementia and carers: experiences, access, outcomes*.

##### **Highlights/ engagement activities:**

- In November 2019 we helped organise an exhibition: 'The Home: Older People, Residential Care and Human Rights', with The Exchange, Albany Theatre (Deptford, south London), and theatre artist Christopher Green. It was attended by older people's groups, health and care professionals and the public.
- We outlined activities at Lewisham Pensioners’ Forum (one of south London’s largest membership groups of older people).
- In March 2020, we presented at the ARC South London launch event, at World Social Work Day in Bexley and in Southwark.
- In 2020, Prof Jill Manthorpe was invited to represent social care on the NIHR Strategy Board.
- On 8 March 2020, we celebrated International Women's Day with a [blog recognising women's contribution to south London's health and social care](#).
- We joined other ARC social care themes in a successful funding application to NIHR for a national social care network.

## 5. Impact on Healthcare Provision and Public Health (no more than 500 words)

### **Healthy Eating & Active Lifestyles for Diabetes (HEAL-D): a culturally-tailored Type 2 diabetes (T2D) self-management programme for Black-British communities**

Addressing poorer diabetes-related outcomes in black British patients is an urgent healthcare priority. 40% of patients with newly-diagnosed Type 2 diabetes (T2D) in south-east London are of black British ethnicity. HEAL-D is a T2D self-management programme, which is culturally-tailored to meet the needs of black British patients. HEAL-D has been developed using co-creation methods to ensure its cultural relevance and acceptability. It has been evaluated in a pilot study in primary care; significant improvements in HbA1c and patient quality of life (QOL) were seen. These improvements are considerably greater than those seen in the standard education programmes delivered locally. The HEAL-D pilot study was funded through an NIHR advanced fellowship and was adopted by CLAHRC South London in October 2016.

The long-term complications of T2D bring a considerable cost burden to the NHS. Evaluation of HEAL-D has demonstrated that it is acceptable to patients. Furthermore, 14 hours of behaviour change support has been highly effective at improving diabetes control, ultimately reducing the burden of this condition for patients and the NHS. The project was commissioned by six clinical commissioning groups (CCGs) for Autumn 2019 delivery (approximately 120 places); this saw HEAL-D implemented in four new London boroughs: Lambeth, Southwark, Lewisham and Croydon. HEAL-D was awarded the *Quality in Care Diabetes Award* in December 2019.

### **Children and young people's health partnership (CYPHP) – implementing and evaluating a new model of care**

The CYPHP is a new model of care designed to improve the way health care is delivered for the 190,000 children and young people living in the boroughs of Southwark and Lambeth. It has been co-designed by local clinicians, parents, carers, children and young people, researchers, commissioners and providers. The aim is to ensure that health services are shaped around the needs of children and their families. The focus of the new model is on managing everyday health conditions and long-term conditions, such as asthma and epilepsy.

Dr Ingrid Wolfe, the ARC's children and young people's research lead, is leading the implementation and evaluation of the programme. The CYPHP has been commissioned as a new model of care in Lambeth and Southwark, and we are in discussions with south-east London Integrated Care System regarding wider roll out. Our early evaluation of the service has demonstrated significant impact, including reductions in acute service use, and improvements in health and healthcare quality. The population health management approach is increasing access to care, particularly for children living in the most deprived neighbourhoods of south London. This suggests that the model has the potential to reduce inequalities in access to care. CYPHP has established a model of clinical-academic partnership that is improving research translation to benefit the population and the NHS. We expect the full trial results by the end of 2021.

## 6. Patient and Public Involvement, Engagement (PPIE) (no more than 1000 words)

### 6.1 Implementing the ARC's PPIE strategy

An external, independent and detailed review of patient and public involvement and engagement (PPIE) activity and diversity and inclusion at ARC South London was commissioned in October 2019 by the ARC's co-leads for PPIE (Zoe Lelliott and Dr Natasha Curran, Health Innovation Network). Meanwhile, various themes involved service users, carers or public contributors in their research.

This review was undertaken between November 2019 and January 2020 by Dr Siân Rees, director of community involvement and workforce innovation at Oxford AHSN. It involved a review of PPIE under the CLAHRC, a review of documentation, and interviews with 18 ARC staff and public contributors. A series of recommendations were made in a report published in February 2020, including that the ARC PPIE strategy be co-produced with equal input from staff and public contributors and broader community input through a 2020 Active Involvement in Research Day, utilising the six UK Standards for Public Involvement (inclusive opportunities, working together, communication, learning and support, impact and governance). These recommendations, in addition to the guidance from a national ARC PPIE Strategy Development Zoom Meeting organised by the NIHR at the end of March, will inform the ARC's new PPIE strategy,

Since the publication of the PPIE report, the ARC has:

- **Confirmed the employment of a PPI coordinator** (Savitri Hensman) to support service user, carer and public involvement in health and social care and enabling community development
- **Employed a lead for diversity and inclusion** (Dr Josephine Ocloo) across the ARC to develop and implement a strategy for building diversity and inclusion (D&I) into all aspects of the ARC programme. A number of recommendations for this work have been made, including making D&I a standing item on all ARC boards and committees, and ensuring all research themes complete annual D&I achievement logs. A working group has also been set up, which is exploring a range of approaches to embedding D&I. Dr Josephine Ocloo, a senior research fellow at the Centre of Implementation Science has been appointed to two new national committees addressing mental health inequalities: The Advancing Mental Health Equalities Taskforce and the Patient and Carer Race Equality Framework (PCREF) Steering Group. The PCREF is a sub-group of the Advancing Mental Health Equalities Taskforce, responsible for steering the development of the PCREF, which aims to improve the experience of people from black, Asian and minority ethnic backgrounds in contact with mental health services in England.
- The ARC is communicating through its quarterly PPI newsletter with local service users, carers and communities and PPI leads in NHS and social care organisations.

### Public involvement in governance

Some research themes already have patient and public involvement in their structures at a level wider than that of individual projects. However, among the recommendations of the review were: more consistency in having public members in ARC-wide leadership bodies, a Strategic Oversight Group, naming senior people with responsibility for patient and public involvement, and reviewing the ways that patients and the public are involved in the work of the ARC (for example, in developing strategy, giving advice to researchers or reviewing work). These areas were among the recommendations of the review, which will help to inform a co-design process.

### Capturing and reporting on impact as a result of your PPIE strategy

Evaluation will be an important aspect of the PPIE strategy (produced by March 2021). We have captured how involvement has enriched ARC work, but greater consistency will need to be built into ARC processes.

### 6.2 Significant challenges or barriers experienced

The Covid-19 pandemic has significantly impacted on our plans for meeting with local people, user groups and researchers. It has also highlighted the importance of, and challenges in, involving diverse communities, especially in south London, where some sections of the population, already facing health inequalities have been severely affected. However, with the limitations on physical meetings, we began planning a number of virtual meetings to ensure that we engage with local communities and to better understand the impact of the pandemic. We are also planning a community and public meeting in November, which will be used to help develop the strategy for public and community involvement, engagement and participation. We will report on these meetings and engagement events in the next annual report.

## 7. Training (no more than 1000 words)

### 7.1 Progress.

**Objective 1. Build on our CLAHRC provision, local NIHR infrastructure, NIHR Integrated Academic Training (IAT) and Integrated Clinical Academic (ICA) programmes to co-ordinate a portfolio of shared training resources.**

We are developing a training area on our website, which will act as a hub to direct researchers to training opportunities in implementation science and across our research themes. We are compiling training opportunities from across our themes and with local NIHR infrastructure in order to develop an expanded portfolio of resources reflecting our ARC expertise (milestone date: September 2021).

**Objective 2. Deliver 250 places a year on short courses in applied health research and implementation science**

Planning and preparation was undertaken for the Implementation Science Masterclass, scheduled for July 2020. This attracted 140 delegates in 2019, but was cancelled this year as a result of Covid-19 restrictions.

The Implementation Science Conference was reconfigured for online delivery on schedule in July 2020 and was attended by 180 international delegates from 16 countries (77% from the UK and 23% international). The theme was 'Implementation Science for Health and Social Care; Maximising relevance for practice and policy'.

**Objective 3. Enhance the flexibility of our training resources to accommodate a wider variety of researchers and non-researchers.** In addition to the Implementation Science Conference, the flexibility of our training resources has been enhanced through the delivery of a new Postgraduate Certificate (PgCert) in Healthcare Research Skills and Methods, awarded by St George's, University of London alongside our existing MRes Clinical Research. The new PgCert launched in Autumn 2019 enrolling students from local NIHR IAT and ICA programmes. We are also developing an online module in Implementation Science, which is scheduled for completion and launch within the current academic year (see section 7.4 below).

**Objective 4. Areas of NIHR Strategic Need – Public Health and Social Care**

Our Capacity Building Steering Group includes representation of public health and social care research, to ensure these areas are addressed in content across our training activities. Our Applied Health and Care Winter School for PhD students scheduled for December 2020 will include themed content in public health and social care. Additional themed content in these areas will be established within our training portfolio.

#### **b) Regarding NIHR Academy members**

ARC South London will fund a cohort of initially eight postdoctoral research fellows with a social care focus, who will be based within the social care, palliative and end of life care, and economics and biostatistics themes. Our new postdoctoral research posts in the social care theme will be closely integrated with the capacity building career pipeline of the NIHR School for Social Care Research. Two of these postdoctoral fellows are currently in post within the social care theme, with a further two due to be recruited during the current academic year. An additional objective for the coming year will be the award of at least one partly-funded PhD scholarship for which the recipient will be recognised as an NIHR infrastructure trainee.

### 7.2 Deviations

#### **a) Regarding research capacity building**

As noted in Section 7.1a above, our planned Implementation Science Masterclass did not take place in July 2020 as a result of the Covid-19 pandemic. To address this, the online Implementation Science Conference was amended to include 'Meet the Experts' sessions to help address the needs of participants who would have benefited from such interactions in the Masterclass.

#### **b) Regarding NIHR Academy members**

Two postdoctoral fellows with a social care focus to work in the economics and biostatistics theme were due to be recruited for October 2020. Due to delays in hiring as a result of the Covid-19 epidemic, these will now start in March 2021.

### 7.3 Impact

Our Implementation Science conference (Section 7.1a above) was attended by approximately 180 delegates, 23% of whom were international, from 16 countries. Delegates included applied researchers,

health and social care professionals, policy makers and service user researchers. The conference feedback was very positive with 100% of delegates reporting that that it was “good” or “very good”. It is likely that the online delivery provided a flexible format that enabled participation for those who were overseas or would be unable for work or personal reasons to attend an on-site conference in full.

#### **7.4 Collaborations**

We are developing an online module in implementation science as a partnership between ARC South London Academic Partners (King’s College London, Kingston University and St George’s, University of London) and the University of East Anglia. This will provide a valuable resource to inform implementation of applied research and is intended for local, national and international delivery. We are establishing peer networks for research trainees in public health and social care to support cross-institutional networking across our academic partners.

#### **7.5 Sharing best practice**

A focus of our activities over the last year has been our aim to enhance the flexibility of our training resources to accommodate a wider variety of researchers and non-researchers. We have delivered flexible taught postgraduate content including standalone modules, a new Postgraduate Certificate in Healthcare Research Skills (13 students) and Methods and our MRes Clinical Research. We are also in the process of developing an online module in implementation science for local, national and international delivery.

#### **7.6 Expenditure on training: Please specify NIHR spend on training for the reporting period.**

- **Salary and support costs for NIHR Academy members**

Salary costs for two postdoctoral fellows in Social Care - £81,038.80 (£45,900 + 35,183.80)

- **Costs for wider training and development.**

Total expenses for Implementation Science Conference - £3,749.57

### **8. Links with NIHR Infrastructure and the wider innovation landscape (no more than 500 words)**

Our research themes have extensive links and collaborations with other parts of the NIHR and the wider landscape. For example:

**ARC South London, working with ARC East of England, has held two mental health and wellbeing network meetings** with representation from all ARCs. We have a distribution list of more than 70 members and have appointed Tina Coldham, Chair of Involve, as PPI lead. This network contributed to the development of the **ARC national priorities programme for mental health**. The network has also facilitated collaborations between the ARCs, for example, on the [NHS CHECK study](#).

#### **Maternity and perinatal mental health and social care**

Prof Jane Sandall is a member of the NIHR incubator for nursing and midwifery and leads a postdoctoral career development group. She is NIHR lead advocate for midwifery research careers and is a member of the NIHR Advanced Fellowship Panel. Profs Sandall and Sarah Kenyon (ARC West Midlands) meet monthly to discuss collaboration. Prof Louise Howard works with the NIHR Maudsley BRC clinical informatics team and the clinical disorders themes. She is a member of the NIHR Mental Health Incubator Steering group. The NIHR CRN South London supports the delivery of the theme’s perinatal mental health research. Dr Hannah Rayment-Jones is a member of the NIHR Academy Involvement Group. ARC South London is part of the Children’s Health and Maternity National Priority Network. Our social care theme is a member of the ARC national priority network for adult social care and social work.

#### **Alcohol**

Our alcohol researchers are working with the NIHR Maudsley BRC on analysis of mortality data in alcohol-related frequent attenders. They are also in discussion with the BRC on conducting a national survey of mental health and alcohol use of NHS and social care staff during the pandemic.

#### **Capacity building**

The theme’s core project on research capability for non-researchers is in partnership with ARC colleagues, our AHSN (Health Innovation Network) and Health Education England. The development of an online

module in implementation science is in collaboration with ARC East of England, King's College London, St George's, University of London, Kingston University and the University of East Anglia.

#### **Implementation science research**

Our implementation scientists are part of a new national, cross-ARC group of implementation scientists, coordinated by ARC Yorkshire and Humber, which launched in March.

#### **Palliative and end of life care**

The re-design of the palliative and end of life care theme's PPI online forum ([www.csipublicinvolvement.co.uk](http://www.csipublicinvolvement.co.uk)) was funded by the CRN South London. In March, the theme invited the upcoming CEO of the CRN South London, William van't Hoff, to join a national ARC meeting for **palliative care** co-led by ARCs South London and East of England. This collaboration includes all 15 ARCs.

#### **Patient and public involvement research**

The theme's qualitative study of the role of PPI practitioners in research involves working with PPI practitioners across the NIHR infrastructure. Dr Stan Papoulias is a member of the Public Involvement Community, a national cross-ARC PPI network for PPI leads and co-ordinators.

### **9. Links with Industry (no more than 1000 words)**

**Please answer the following questions to describe your NIHR ARC's engagement with industry.**

**9.1 Please outline your NIHR ARC's progress against its strategy for engaging with industry, separately as appropriate in the following sectors: with i) pharma, ii) biotech, iii) medtech/devices, iv) *in vitro* diagnostics, v) CRO's, vi) non-life sciences companies. For each sector please describe any significant successes or any challenges faced during the reporting period. Please also outline any strategic plans for increasing engagement with industry that are not outlined in your application.**

Category i) - ii) – No updates.

iii) Our alcohol theme is working with SmartStart Inc, the developers of the alcohol transdermal sensor (BARE) They are setting up a research agreement to use early release devices for the validation and feasibility studies in their study to validate and evaluate different wearable transdermal alcohol sensors and associated apps. The main activities were on-hold during March of the reporting period due to the pandemic.

iv – v) No updates.

**9.2 Please indicate the total number of UK Small and Medium Enterprises (SMEs) you have worked with during the reporting period and provide brief details of key examples. Please list ALL UK SMEs that you have worked with during the reporting period in the Finance & Activity Report.**

The ARC has worked with five UK-based SMEs during the reporting period.

Our social care research theme works with a range of social care providers, including those from the private sector. For example, they work the Good Care Company, Richard Banks Associates and Chinara Enterprises. They regularly hold events that attract social care providers from the private sector. For example, on 13 November 2019, they held their quarterly Margaret Butterworth Care Home Forum in which research is shared with an audience of around 40 care home staff, carers and others with an interest in care homes and improving the quality of care and life for people with dementia living in a care home. They also have an ongoing relationship with the social care publishers, Hawker Publications.

The social care research team are active members of the Network of Care Home Researchers, hosted by Nightingale House in south London and contribute to its bi-monthly meetings. The network was set up to support researchers, to support internal quality assurance and standards, to develop research capabilities within the home, including by exploring and facilitating new research opportunities and sharing information about current and completed research.

**9.3 Please provide details of; i) any new strategic partnerships between your NIHR ARC and industry ii) the progress of ongoing strategic partnerships between your NIHR ARC and industry for the period 01 October 2019 to 31 March 2020. Please list all new strategic partnerships between**



**your NIHR ARC and industry for the period 01 October 2019 to 31 March 2020 in the Finance & Activity Report.**

**i) New strategic partnership** – As detailed in 9.1 above, our alcohol theme is working with SmartStart Inc. the developers of the alcohol transdermal sensor (BARE) in their study to validate and evaluate different wearable transdermal alcohol sensors and associated apps.

**ii) Ongoing strategic partnerships** – The alcohol theme has ongoing strategic partnerships with Merck Serono Ltd and Lloyds pharmacies (Selicio Ltd) as part of the Alcohol Dependence and Adherence to Medications (ADAM) trial (due to complete March 2021). The alcohol theme also has an ongoing strategic partnership with Codeface Ltd, for the ADAM trials and for a survey of emergency department attenders for the minimum unit pricing project.

**9.4 Please provide brief details of key examples of studies active for the period 01 October 2019 to 31 March 2020, as follows:**

- **Contract commercial trials;**
- **Industry collaborative research studies; and**
- **Other academic commercial research.**

There were none during this reporting period.

**9.5 Please provide the number and key examples (including name of funder/grant scheme) of any partnerships or studies with industry which have led to further industry, public or charity research funding, including as part of consortia.**

There were none during this reporting period.

**9.6 Please provide brief details of key examples of agreements signed with industry including:**

- **Non-Disclosure Agreements;**
- **Model Trial Agreements, including mICRA and mCTAs.**

There were none during this reporting period.

## **10. Matched Funding (no more than 500 words)**

Our predicted matched funding for the life of the ARC is £7,049,000 over five years. This equates to 78% of the level of funding provided by the NIHR.

### **King's Health Partners**

The King's Health Partners (KHP) organisations (Guy's and St Thomas' NHS Foundation Trust, King's College London, King's College Hospitals NHS Foundation Trust, and South London and Maudsley NHS Foundation Trust) have committed to provide £125,000 in cash and £100,000 in kind per partner for each of the five years of the NIHR ARC programme.

The direct cash contribution of £250,000 during the reporting period made to the NIHR ARC South London's Centre for Implementation Science is enabling us to develop as a multidisciplinary team, specialising in all aspects of implementation and improvement science in practice. The funding has supported King's Improvement Science, which is located within the Centre for Implementation Science. It comprises a specialist team of researchers who support health professionals and NHS managers who want to use recognised quality improvement methods for health service improvement in south-east London. The dedicated team of specialist implementation and improvement scientists and senior researchers also support NIHR ARC South London researchers to embed implementation and improvement science into their work.

### **ARC South London collaborating organisations**

The in-kind contributions of £285,156 (£74,825 healthcare and £210,331 universities) from each of our partner organisations (St George's, University of London, St George's University Hospitals NHS Foundation Trust, Kingston University, Guy's and St Thomas' NHS Foundation Trust, King's College London, King's College Hospitals NHS Foundation Trust, and South London and Maudsley NHS Foundation Trust) has supported 65 administrative and research staff working across research and cross-

cutting themes or core activities to support delivery of their work, to ensure that all ARC-related resources are used to provide the very best possible value for money in driving the agreed outputs and outcomes.

Our local Academic Health Science Network, the Health Innovation Network (HIN), has provided £145,559 during the reporting period. The contributions include strategic leadership, with members represented at Board and Executive-level, business support, and Sustainability and Transformation Partnership (STP) engagement. The HIN's Chief Executive, Zoe Lelliott and medical director, Dr Natasha Curran work as ARC Implementation Leads and have led the engagement and implementation function for the ARC.

## 11. Forward Look (no more than 500 words)

### Our work in the context of Covid-19

The Covid-19 pandemic has highlighted the health and social care priorities that drive ARC South London's research – the need to improve care for vulnerable and older populations, to support people living with multiple health conditions, and to work more closely with social care services.

In March 2020, we rapidly re-focused our applied research to directly address Covid-19, and its longer-term implications. In 2020-21, we expect the Covid-19 pandemic will continue to provide the over-arching context for the ARC's work. We now have 59 Covid-related research projects, either adapted from our original research plans or newly funded with a range of partners. Some of these projects may attract media interest:

- A study among maternity healthcare professionals who have had to adapt to new ways of working and the impact on people from black, Asian, and minority ethnic (BAME) backgrounds who are at increased risk of contracting more severe symptoms associated with Covid-19.
- A study investigating the uptake and acceptability of a Covid-19 vaccine at national level, if one becomes available for use in the UK. The study was adopted by ARC South London and funded by King's Together funding.
- Our team of applied informatics researchers, in collaboration with the Health Innovation Network and King's Improvement Science are leading the evaluation of the implementation and impact of remote consultations and other service changes that have taken place in response to the Covid-19 pandemic, across three mental health trusts in south London: South London and Maudsley, Oxleas and South West London & St George's.

**ARC South London's diversity and inclusion working** group will pilot and co-evaluate the embedding of a diversity of people from the south London community (and particularly people with protected characteristics) into the ARC's research through a Covid-19 public research panel. The aim is to ensure that diverse communities can foreground their experiences of Covid-19 and the pandemic, including issues of inequity and discrimination, into the ARC's Covid-related research to reduce health inequalities.

### National priorities leadership work

ARC South London leads the **National Mental Health Priority Network**. Through this network we will work closely with ARC East of England and other ARCs, key national and local stakeholders to drive much needed service change in mental health, with the goal of improving the lives of service users and carers.

### Planned initiatives

Our capacity building theme are developing an **online module in implementation science** as a partnership between ARC South London Academic Partners (King's College London, Kingston University and St George's, University of London) and the University of East Anglia. This will provide a valuable resource to inform implementation of applied research and is intended for local, national and international delivery. The delivery of this course will also be informed by the experience and success of our Implementation Science Research Conference and Implementation Science Masterclass.

This form and any specific examples of the added value of NIHR Applied Research Collaboration funding (using the structured template provided) **must be submitted via email**, to the NIHR CCF Infrastructure mailbox ([ccf-infrastructure-team@nihr.ac.uk](mailto:ccf-infrastructure-team@nihr.ac.uk)) copying the ARC key contact Rowena Abaidoo ([rowena.abaidoo@nihr.ac.uk](mailto:rowena.abaidoo@nihr.ac.uk)), no later than **1pm on 20 October 2020**