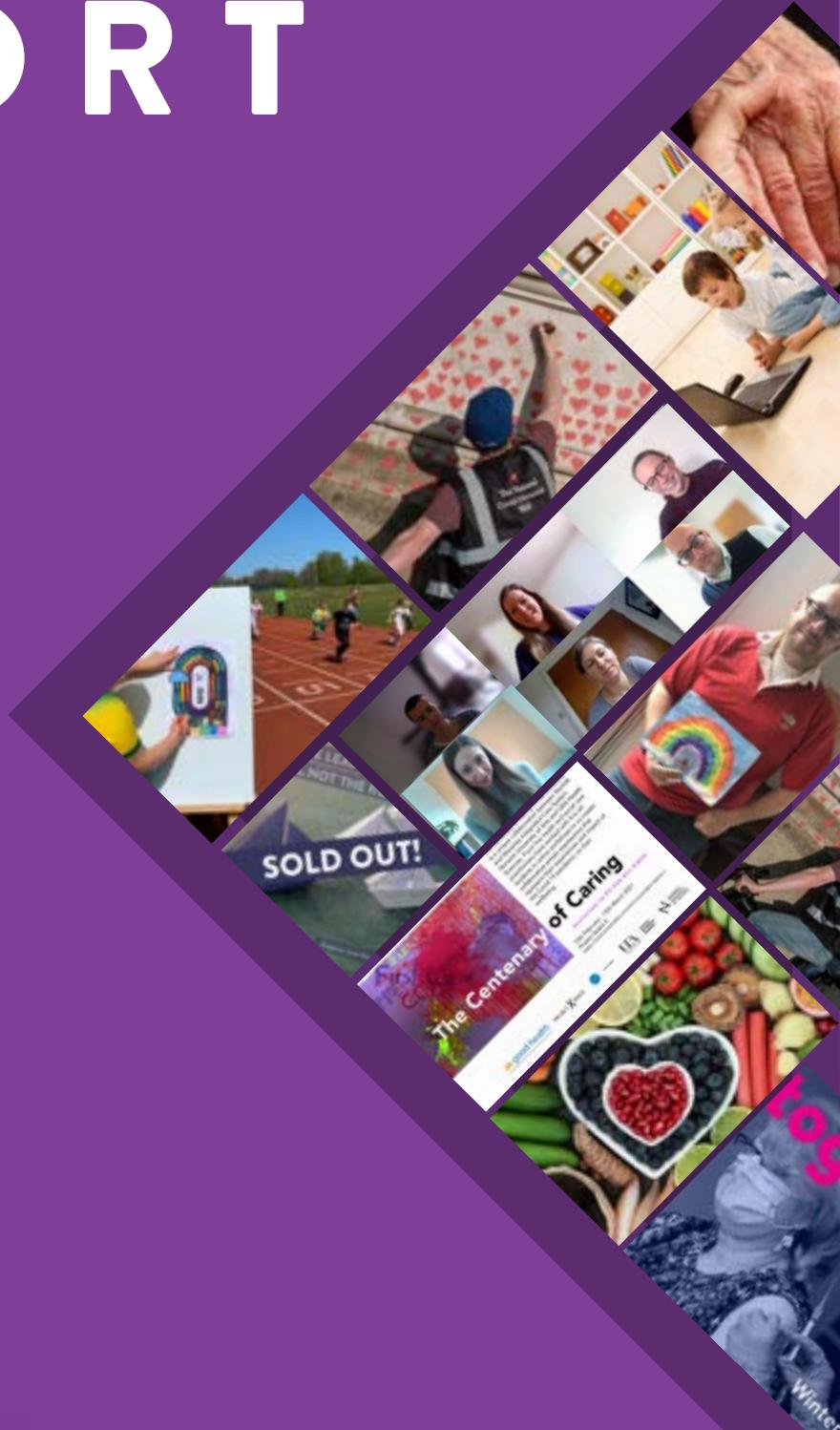


ANNUAL REPORT

2020 | 2021



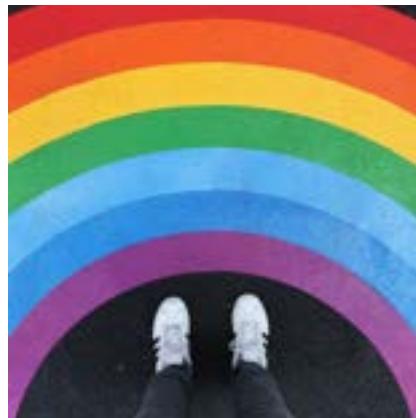


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REGIONAL COLLABORATION LEADS THE WAY



PROFESSOR DAVID RICHARDSON

VICE-CHANCELLOR,
UNIVERSITY OF EAST ANGLIA.

VICE-CHANCELLOR DAVID RICHARDSON LOOKS BACK ON A CHALLENGING YEAR OF RESILIENCE AND TEAMWORK

The last twelve months have proven the importance of clinical expertise, research, and collaboration. While I am tremendously proud of the contribution UEA staff have made in the response to the pandemic, the way the university has linked with other anchor institutions has highlighted the enormous potential for our region through closer collaboration.

UEA's civic responsibility to our region continues to grow with plans underway for a new strategy of commitment to address our region's key challenges. UEA Health and Social Care Partners offers an excellent template for this work, underpinned as it is by strong shared values and a primary focus on the needs of the public.

I was delighted to learn of the outcomes achieved despite the huge disruption brought by the pandemic. Given the limitations on research work and reduction in research funding, this is wholly due to the dedication of clinical and academic staff in the face of extraordinary challenge and change.

The growth in research groups in the last year gives me hope that the partnership will continue to develop and support staff from all of our partner organisations to engage in research.

I am proud to have acted as a board member for an NHS organisation and am committed to seeing the needs of service users at the core of our work – and that can only come from more meaningful collaboration between those service users, clinicians, practitioners, and researchers.

On a personal note, I would like to thank Professor Dylan Edwards ahead of his retirement. Dylan's dedication to building purposeful relationships with our partners across the region was the catalyst for the creation of the partnership. Without his enthusiasm and vigour, the partnership might not even have been possible, let alone so rapidly successful.

And a heartfelt thank you to the staff of our partner organisations for placing their faith in the partnership goals and committing their time in such a difficult period. We should never lose sight of the value of your time as caregivers and system leaders but also the immense value of that commitment to make the effort to collaborate for longer-term success.



Thank you to the staff of our partner organisations for placing their faith in the partnership goals and committing their time in such a difficult period.

A YEAR OF GROWTH AND CHANGE



PROFESSOR DYLAN EDWARDS

CHAIR, UEAHSCP EXECUTIVE BOARD

PRO-VICE-CHANCELLOR, FACULTY OF
MEDICINE AND HEALTH SCIENCES

PROFESSOR DYLAN EDWARDS, CHAIR OF THE EXECUTIVE BOARD, REFLECTS ON THE SECOND YEAR OF THE PARTNERSHIP

Looking back, I described our first year as a year of challenge which now appears somewhat melodramatic given what we have endured in our second year!

We ended our second year keen to achieve our ambitious objectives but it has in fact been incredibly difficult to even maintain the same level of activity given the challenges of the pandemic.

The reality of research - attending meetings, undertaking surveys in communities, keeping to project timelines across multiple organisations – has been characterised by huge disruption. We have been unable to visit service users, to access most clinical facilities, or even to maintain the roles we hold with colleagues seconded to vital new roles across our system.

Fortunately, colleagues responded to this disruption with awesome spirit and creativity. Not all project work could continue, but not all collaboration was slowed. The use of communications technology helped engage partners across the region, countering the age-old challenges of travel across East Anglia. And the values we had instilled at the heart of the partnership formed the basis for rapid and committed support to our colleagues delivering care in demanding circumstances.

So, it may not have been the second year of growth we had hoped but we have reason to be proud of the achievements, including:

- Our first major funding award with the CHARMER project began in earnest, supporting deprescribing between pharmacists and acute consultants;
- Dr Paul Everden's fantastic work identifying the high asymptomatic rate and transmission behaviour of COVID-19 in North Norfolk care homes;
- Multimorbidity research group's major projects in supporting care home workers and carers of dementia sufferers;
- NNUH and EEAST combined with researchers to report on the impact of unplanned out-of-hospital births;
- Dr Michael Grey addressed a parliamentary select committee on concussion policy and practice;
- Our young people's mental health projects developed further and brought training and support to pupils suffering from anxiety and their families;
- A range of support to partners as they addressed the challenges of the pandemic including leading thinking on the use of PCR testing for asymptomatic cases, production of valuable resources and other valuable services.

Our task now is to restart all our groups and help new colleagues to make the most of the opportunity to collaborate. We also need to return to our plans to grow our partnership to the next level of maturity where we work together to help achieve our system objectives. I very much look forward to seeing the partnership develop into the civic collaboration our region's service users deserve.

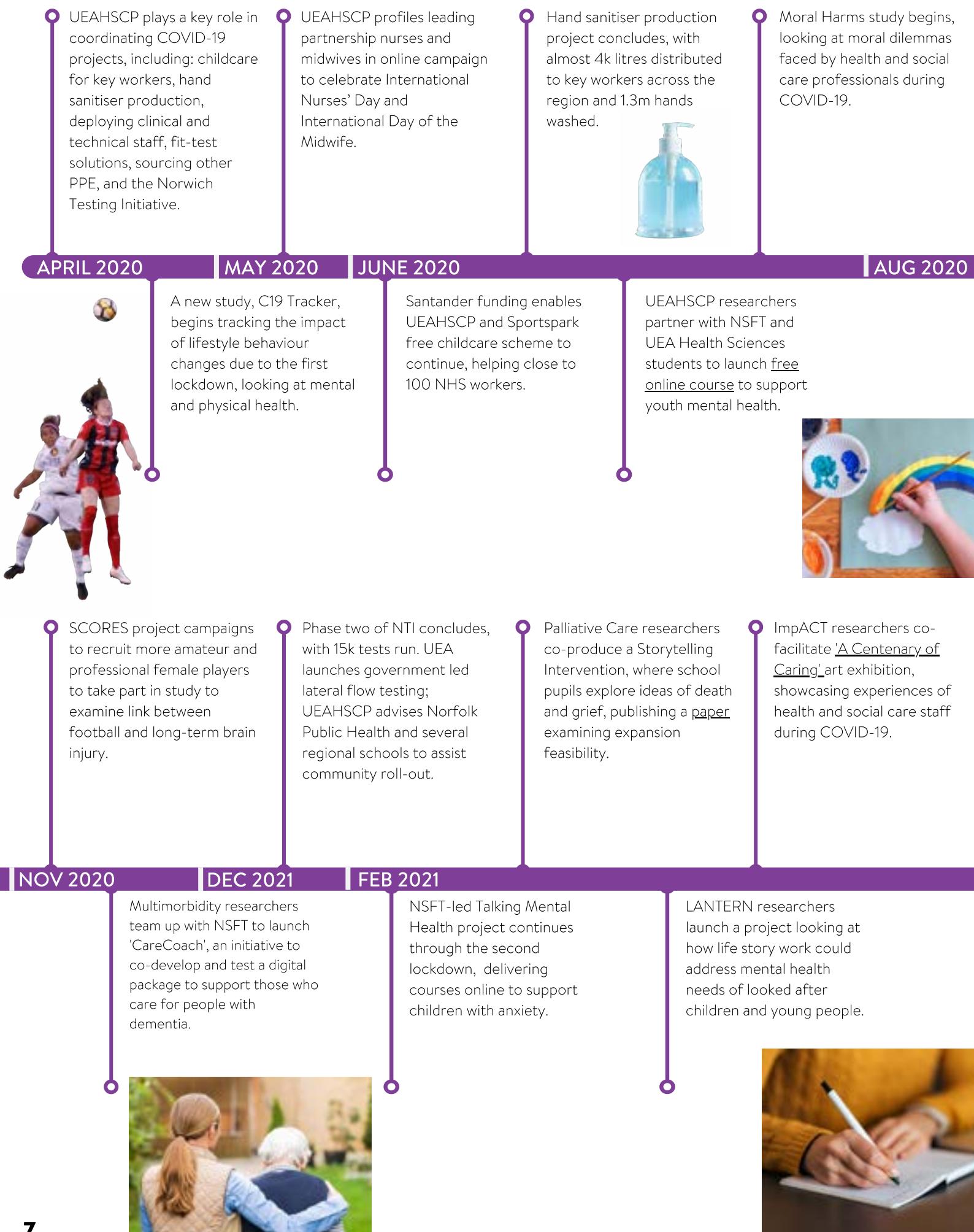




Image:
Rebecca Goddard

- Study shows preliminary results that up to 63% of care home residents in North Norfolk who tested positive for COVID-19 are asymptomatic or have 'atypical' symptoms.
- Multimorbidity group researchers launch a £1.2m study to develop an online training platform for care home staff.
- Palliative Care begin delivery stage for Compassionate Communities to develop community ownership of End of Life care and awareness.
- UEAHSCP's efforts are featured in '[The COVID-19 Challenge: Moving Forward Together](#)', showcasing innovation across the Norwich Research Park in response to COVID-19.

SEPT 2020

OCT 2020

Medicines Optimisation research group supports £2.4m project, CHARMER, aiming to deprescribe potentially harmful medicines during hospitalisation.

LANTERN awarded funding from Norfolk County Council to support evaluation of the Enhanced Fostering Program.

[Norwich Institute of Healthy Ageing](#) launches. NIHA is a research centre to investigate how we can live longer, healthier lives.



Call to improve usability of UEA's automated chest X-ray diagnosis of pneumonia and COVID-19.

Nutrition research group lead Dr Ailsa Welch speaks at an [EDP hosted mental health event](#), sharing early results from a UEAHSCP supported study on link between childhood nutrition and mental health.

Findings released from C19 tracker study that investigated the impact of lockdown on physical and mental health - read their stories on '[Lockdown Voices](#)'.

Collaborative service evaluation concludes, looking at factors associated with [unplanned out of hospital births](#).

MARCH 2021

UEAHSCP 'Together' magazine launches, showcasing the fantastic research across the partnership.

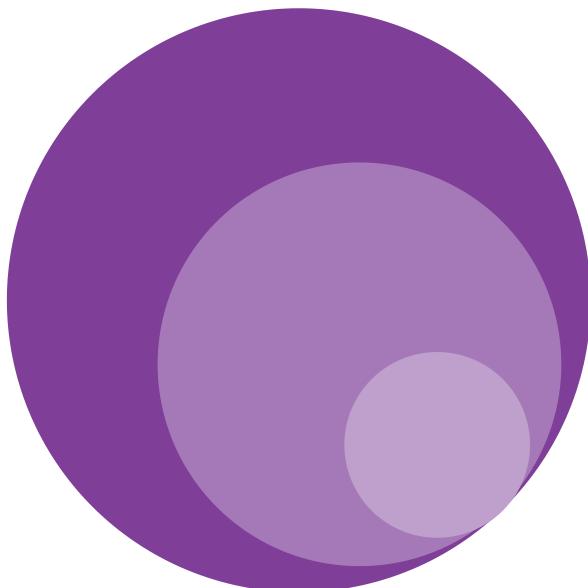


Multimorbidity and Medicines Optimisation researchers contribute to the development of a web-based anticholinergic burden calculator to help clinicians tailor safer prescriptions.

Help in COVID study starts, to better understand help-seeking for acute or new potentially serious symptoms during the COVID-19 pandemic.





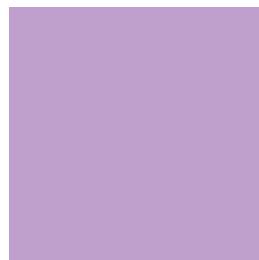


PARTNER INVESTMENT
£118.9k

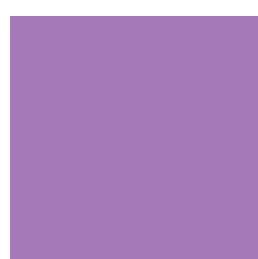
FUNDING SECURED
£5m

FUNDING BIDS MADE
£7.77m

OUR RESEARCH GROUPS



Our collaborative research groups are the driving force behind delivering real change to service users in our region. Bringing together expertise from a range of organisations, their work is already having an impact on regional, national and international conversations on health and social care.



KEY

- EE** EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST (EEAST)
- ESNE** EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST (ESNEFT)
- JP** JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST (JPUH)
- SCCG** NHS IPSWICH AND EAST SUFFOLK (IESCCG) AND NORTH EAST ESSEX CCGS (NEECCG)
- NCCG** NHS NORFOLK & WAVENEY CCG (NCCG)
- NN** NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST (NNUH)
- NSFT** NORFOLK AND SUFFOLK NHS FOUNDATION TRUST (NSFT)
- NCHC** NORFOLK COMMUNITY HEALTH AND CARE NHS TRUST (NCHC)
- NCC** NORFOLK COUNTY COUNCIL (NCC)
- QE** THE QUEEN ELIZABETH KING'S LYNN HOSPITAL NHS FOUNDATION TRUST (QEHLK)
- UEA** UNIVERSITY OF EAST ANGLIA (UEA)
- WS** WEST SUFFOLK NHS FOUNDATION TRUST (WSFT)



CHANGING BEHAVIOUR AND IMPLEMENTING BEST PRACTICE

EE

NCC

NCCG

NCHC

NSFT

SCCG

UEA

WS

Behavioural risk factors affecting population health and wellbeing have dominated recent headlines, particularly during the COVID-19 pandemic. Key behavioural risk factors are smoking, physical inactivity, poor diet, and excessive alcohol consumption. Together, these contribute to around one-third of the total UK burden of disease. The repeated lockdowns have had a further negative impact on these behaviours. Addressing these risk factors at multiple levels requires behaviour change from patients, health and social care practitioners, public health and community services, and the broader public.

The research group, headed by Prof Wendy Hardeman of UEA's School of Health Sciences, seeks to tackle behavioural risk factors and address imminent problems at a regional, national and international level by using evidence and methods from behavioural and implementation science to promote health and wellbeing and the routine delivery of evidence-based practice. The group explores a wide variety of public health issues, conditions, treatments, and ways of delivering health and social care where behaviour affects health and wellbeing, and addresses evidence-to-practice gaps across healthcare services and settings.

"Behaviour change is key to support the recovery from the COVID-19 pandemic and its impact on physical and mental health; rapid translation of research evidence into health and social care and policy is essential in these fast-changing times."

Prof Wendy Hardeman
Professor of Behavioural Science &
Changing Behaviour research group lead

The influential C19 tracker study examines the impact of the pandemic response, e.g., lockdowns, on health behaviours. You can read about this in further detail on page 15.

Researchers also conducted the Optimine study with West Suffolk Hospital, which aimed to increase uptake of digital behaviour change support by identifying at-risk groups in the electronic health record and signposting them via text message to existing NHS apps, potentially leading to improved health and reduced cancer risk. Read more about this innovative study on page 13.



COLLABORATIVE STUDY AIMS TO INCREASE UPTAKE OF DIGITAL HEALTH RESOURCES

A unique service user-led implementation study between WSFT and the Behavioural and Implementation Science research group has the potential to transform the way we access health resources through using targeted population-level data to promote the uptake of smartphone apps to at-risk groups.

Researchers aim to assess the acceptability and feasibility of increasing the reach of health promotion apps via electronic messages, specifically reaching an at-risk population identified via acute hospital electronic health records.

Funded by Cancer Research UK, the OptiMine study tests a new method of identifying and supporting patients in at-risk groups by signposting them to existing information that provides support and encouragement to those looking to make positive lifestyle changes, potentially leading to improved health and reduced cancer risk.

Smoking and drinking alcohol in excess are known to be associated with an increased risk of cancer in later life. There are many existing resources and services to help people quit smoking and reduce alcohol consumption, but knowledge and uptake is low.

Invaluable insight from service user representatives helped develop the electronic signposting, which was explored with 6 focus groups made up of 10 patients and 14 staff, who shared thoughts on the best methods to communicate with at-risk patients and how to word the messages. Text messages were perceived as the most acceptable and feasible message format.

To conduct the study, information analysts and information technology specialists at WSFT worked to identify patients via electronic health records who were smokers or at-risk drinkers. These patients were sent a text message containing a link to a smoking cessation or drinking reduction app. These digital apps are freely available from Public Health England.

Through this study, researchers were able to track the number of patients who clicked through to access the apps along with the characteristics of these patients. This will help measure whether the uptake of electronic signposting campaigns can increase access to freely available digital health resources as well as the characteristics of those who accessed them. Exploring innovative methods to address public health challenges through health informatics and utilising digital tools has the potential to have an increased impact across public health.

The lead collaborator at WSFT, Public Health Consultant Dr Helena Jopling, believes there is growing recognition of the importance of healthy lifestyle choices and that the NHS can be a stronger advocate to help people make changes to benefit their health: “Digital interventions can help support behaviour change – they offer timely support and a private setting to access help for stigmatised behaviours, such as smoking and risky alcohol use. The electronic health record offers the scope needed to deliver these interventions to at-risk individuals at scale.”

WSFT Head of Patient Experience, Cassia Nice, said that patient participation has been a key aspect of the study: “A sincere thanks to the patient representatives who participated in this study - your contribution was a critical component in designing the messaging campaign. Communicating with patients is an important part of improving care; hearing directly from service users how best to communicate with them is invaluable”.

Patients also had the opportunity to share their views in an online questionnaire which will help inform communication methods for future health resources. Throughout the study, special consideration was given to patient privacy and the appropriate use of their data.

This study provides proof-of-concept that electronic health records can be used to identify at-risk patients and send text messages that promote the uptake of health promotion apps. The approach uses existing technology to deliver a public health intervention at scale at a low cost.

OptiMine researchers Zarnie Khadjesari and Tracey Brown from UEA’s Faculty of Medicine and Health Sciences praised the fantastic contribution of WSFT staff in facilitating this ambitious study. This included hospital volunteers, patients, patient experience managers, communications staff, information analysts, and IT professionals.

The study protocol '[Mining Electronic Health Records to Promote the Reach of Digital Interventions for Cancer Prevention Through Proactive Electronic Outreach: Protocol for the Mixed Methods OptiMine Study](#)' was published in December 2020 in JMIR Research Protocols.

UEAHSCP is supporting WSFT in the preparation of a Digital Blueprint, published on the NHSX Blueprint Library, to disseminate the results of the study and encourage uptake and adoption by other NHS trusts in England. This dissemination route will reach the digitally engaged NHS audience directly and is designed specifically to help achieve quicker and more effective diffusion of digital innovations.

The study, led by Dr Zarnie Khadjesari, is one of the principal projects of the UEAHSCP Changing Behaviour and Implementing Best Practice research group. This group, led by Prof Wendy Hardeman, aims to use evidence and methods from behavioural and implementation science to promote the health and well-being of the population and the delivery of evidence-based practice.



LONGITUDINAL STUDY TRACKS

IMPACT OF COVID-19 ON HEALTH AND LIFESTYLE BEHAVIOURS

In rapid response to COVID-19, UEAHSCP supported a ground-breaking nationwide longitudinal study to identify and track the secondary impacts of the pandemic and having a rapid impact on national food strategy.

Led by researchers from UEAHSCP's Changing Behaviour and Implementing Best Practice research group, the study was established in April 2020 at the start of the first lockdown and saw more than a thousand people across the UK sign up.

Researchers used innovative 'ecological momentary assessment' (EMA) methods to track changes in health behaviour daily, by asking participants to complete a brief survey each evening. Participants contributed daily reports on smoking, drinking, substance use, diet, exercise, and wellbeing; researchers monitored changes to healthy lifestyle behaviours because of COVID-19 that may fundamentally impact long-term health outcomes. Detailed daily data were collected every day over the first lockdown, from April to July.

Participants reported a mix of characteristics: 30% had a COVID-19 at risk health condition, 38% were from higher deprivation neighbourhoods, and 6% had a self-reported mental health issue.

Researchers distributed a 3-month follow-up survey of the cohort, collecting additional health resource data and self-reported diagnosed clinical conditions to enable researchers to use the data for long-term health economics modelling.

The team went on to release a 6-month and then a 12-month follow-up survey, collecting health behaviour and wellbeing data as the country moved between varying tiers of social restrictions. Researchers successfully collected detailed contextual data throughout the study, including policy changes and key announcements, and will use this data alongside a more detailed qualitative understanding of the impact of the pandemic on people's health behaviours and well-being. Researchers completed an analysis of pre and post immediate lockdown behaviour change, examining change from the baseline of EMA collected data. The paper is published in the [British Journal of Health Psychology](#).

Key results showed that lockdown saw people in the UK eating less fruit and veg, getting less exercise and drinking more alcohol. Researchers observed a decrease in 'cardio' physical activity but a slight increase in strength training. Alcohol consumption increased with some interesting changes in patterns of use between men, women and sub-groups.

The study gained widespread media attention and early findings of nutritional data were released, on request, in order to be included in the [DEFRA National Food Strategy report](#).

The collaborative study was supported by UEAHSCP and UEA Innovation funding and is jointly led by UEAHSCP researchers Professor Caitlin Notley and Dr Felix Naughton alongside researchers across UEA's School of Health Sciences and Norwich Medical School, Leicester Medical School, and Public Health England. In June 2021, the project won a UEA award for outstanding innovation.

THE STORY GAINED:

400

PIECES OF MEDIA
COVERAGE

56

PIECES OF PRINT
OVERAGE

SNAPSHOT OF 13 PIECES OF COVERAGE:

5.27M

ESTIMATED
VIEWS

5.34K

SOCIAL
SHARES



Many of the participants were also interviewed about their lockdown experiences and contributed photographs of their experiences for an additional photo-elicitation sub-study - as the pandemic unfolded throughout 2020 and beyond. These in-depth interviews produced an impactful website, '[Lockdown Voices](#)', which featured the personal stories of how lockdown impacted people nationwide who took part in the tracker study.

NEW STUDY SEEKS TO UNDERSTAND IMPACT OF PANDEMIC ON NON-COVID-19 SERIOUS ILLNESS

EAHSCP is supporting a new study to better understand help-seeking for acute or new potentially serious symptoms during COVID-19, with future findings looking to contribute to improving healthcare in pandemics.

During the COVID-19 lockdowns in England, people have been asked to stay at home, with rapid changes in healthcare access. There were significant reductions in A&E department and GP surgery attendances after the first lockdown. Concerns have emerged that people might not be seeking help when needed and what that may mean for managing conditions unrelated to COVID-19. Late diagnoses of serious conditions, like heart attacks, may seriously harm people's health and well-being.

Evidence from previous epidemics shows significant morbidity and mortality from non-outbreak related problems and the Office for National Statistics data showed that 27.8% (12,900) of the excess deaths between March and May 2020 did not involve COVID-19. Healthcare service delivery changed significantly after lockdown and direct patient access was reduced due to triage and remote systems.

Given the ongoing restrictions and changes to healthcare access and capacity, seeking help for non-COVID-19 problems has the potential to become a longer-term issue; indeed, deaths involving diabetes, hypertension, and cardiac arrhythmias remained above the five-year average after the first lockdown.

This is of particular relevance to Norfolk and Suffolk, which have high proportions of older people compared with other areas in England (North Norfolk 32.8% >65 years; 18.2% in England). This older population is more likely to experience serious non-COVID-19 health problems and need to seek help. However, across the region capacity to provide routine healthcare remains reduced with waiting lists continuing to increase.

The choices people make about seeking help for new, urgent health problems during COVID-19 are not easy. We need a good understanding of this so we can better support people who need help during a pandemic. The Help in COVID research team is conducting a qualitative study with adult participants with the capacity to give informed consent, inviting potential participants to take part through targeted online recruitment and professional, patient, and community networks.

They are actively recruiting adults to take part in the study and are looking for individuals who have sought help for a new, serious symptom or were diagnosed with a serious condition during COVID-19. The team is also interested in speaking to people who didn't seek help at all or delayed seeking help. Research conversations to discuss experiences with participants will be conducted via video call or telephone, and participants are welcome to include a support person or carer.

The study's results will contribute to improving healthcare during pandemics and a summary of the results will be publicly available as well as presented in academic papers and meetings.

This study is being led by researchers from UEAHSCP's Changing Behaviour and Implementing Best Practice group and is supported by staff from NWCCG, QEHLK, NNUH, IESCCG, EEAST, NSFT, NCHC, and the University of Edinburgh.

Find out more information [here](#).

RESULTS OF THE STUDY WILL CONTRIBUTE TO IMPROVING HEALTHCARE DURING PANDEMICS AND MAY YET LEAD TO A LARGER STUDY





CONCUSSION ACTION PROGRAMME



Led by Dr Michael Grey from UEA's School of Health Sciences, membership in the highly collaborative Concussion Action Programme (CAP) includes influential regional voices from across partner and associate organisations.

The group's core research priority is to reduce the risks related to concussion in athletes and school children by facilitating concussion research and working with local schools, sports clubs, and government bodies to improve concussion awareness and create continuing professional development opportunities for health professionals.

The group's community-driven research projects are making tangible steps towards increasing awareness nationwide of the dangers of concussion.

SCORES

CAP is tackling one of the most debated topics in football - concussion in contact sports, one of the most common injuries, and repetitive sub-concussive impacts are believed to lead to early neurodegeneration. CAP's SCORES Study, which you can read more about on page 21, is into its second phase in investigating the extent to which former professional footballers show signs of early neurodegeneration compared with active adults over 40.

Dr Grey is a leading voice in this area and addressed Parliament's inquiry in March 2021 into the links between sport and long-term injury, referring to evidence from a recent survey conducted by CAP. This is just one example of where CAP's influential research is having a concrete impact nationwide in raising awareness of the risks of concussion and their exciting research agenda looks set to continue to solidify CAP as a national champion in this area.



Post-Concussion Guidance

Concussion is a form of mild traumatic brain injury that can often be overlooked and can develop into post-concussion syndrome (PCS) if an individual receives improper provisions or information. One of the main problems with advice on concussion is a lack of consistency. To that end, CAP conducted a service evaluation, mapping our current regional concussion provisions to ascertain how they differ from organisation to organisation.

The scoping exercise successfully surveyed the landscape in local schools, hospitals, and GPs in Norwich and Norfolk. The report identified a large variation in the content and quality of discharge information provided following assessment for a head injury and recommends further research be conducted to support the identification and management of PCS. Looking specifically at the education sector, Dr Grey noted the key finding that physical education teachers are not required to have basic first aid training (although many do) and that physical education teaching typically does not include any formal concussion awareness training in its curriculum.

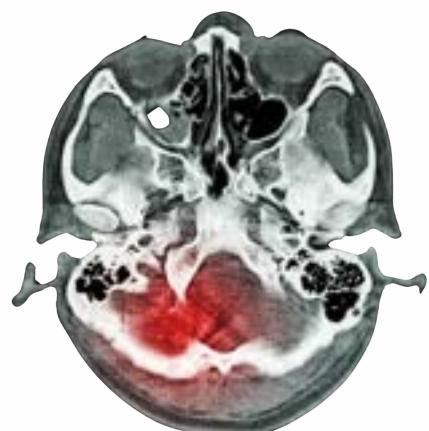
Dr Grey said: "Our evaluation concluded that we clearly need better CPD programmes for Educators, GPs and Ambulance staff on concussion awareness; there is also the need for better management for post-concussion follow-up and care that would include specific, tailored advice for guidance on returning to work or school."

The evaluation will shape the development and distribution of accessible and tailored post-concussion guidelines and advice for those who have suffered head trauma.

Looking ahead, the group's community-led research culture will allow the development of a competency-based behavioural curriculum for a schools-based concussion management programme to combat post-concussion syndrome in children slipping through the gaps.

Women in the Criminal Justice System project

The group are also working with the Howard League for Penal Reform to develop a harm reduction intervention for women around brain injury and offending behaviours. In January 2021, CAP applied for an NIHR Research for Social Care grant of £250k for the project, which is a collaboration between UEA, the University of Essex, and PACT (Parents and Children Together), who operate a community project at Alana House using holistic approaches to support and empower women. The project looks at the prevalence of brain injury in women in the prison system and seeks to put in place more effective identification measures for head injuries and personalised rehabilitation for women through the development of a digitized screening toolkit to identify and assess brain injury prior to women entering the prison system. Researchers are also working closely with neuro/clinical psychologists to co-produce training manuals to better train staff such as prison guards and police staff in understanding brain injury impact.



SCORES STUDY MOVES AHEAD

ATTRACTING HIGH PROFILE SUPPORTERS

The next phase of the SCORES project is now well underway, with nearly 275 active participants engaged in the study, including 75 former professional footballers and 86 former amateurs. Launched in January 2020, Concussion Action Programme (CAP) research group lead Dr Michael Grey and his team are conducting a trailblazing research study to better understand the cognitive health of former contact sport athletes as they age to see if there is a connection between heading footballs and dementia later in life. Whilst the focus is currently on former footballers, the study is recruiting athletes across many different sports.

The study has attracted keen interest from the press and members of the public, along with the enthusiastic support of an impressive list of former footballers including Mark Bright, Freya Holdaway, Dan Parslow, and former Norwich City stars Iwan Roberts and Jeremy Goss.

The study has featured in some of the most high-profile press publications in the UK and internationally, featuring on BBC News, CNN, The Guardian, and more. Dr Grey was also interviewed by award-winning journalist Jane Garvey on BBC's Woman's Hour radio programme; an insightful conversation on whether women may actually be at a higher risk of developing sport-related dementia, an area the team is keen to focus on going forward. Research shows that women are more likely to develop dementia than men and also have a higher incidence of concussions.

By including female participants, the study aims to address this gap in the literature and investigate how both males and females are affected by mild repetitive head injuries.

Researchers pushed a focused recruitment drive in late 2020 to specifically engage more amateur and professional women footballers in the study to increase existing knowledge on the long-term effects on women's cognitive health as the vast proportion of studies investigating sport-related neurodegeneration have been restricted to professional male athletes.

This summer, the researchers will begin recruiting non-contact sport athletes and recreational athletes to enable a comparison between contact and non-contact sports and between different levels of sport from elite to recreational.

The research team continues to nurture important links across the sector, partnering with high profile organisations, including the League Managers Association, Alzheimer's Research UK, and Active Norfolk; all of whom are actively providing support to raise the study's profile to help increase participant numbers by encouraging players to sign up and become involved in the study.

"I PLAYED FOOTBALL PROFESSIONALLY FOR 20 YEARS, HEADED MANY BALLS OVER THAT PERIOD AND SCORED MANY GOALS WITH MY HEAD. I WANT TO SEE IF THERE IS ANYTHING I SHOULD BE CONCERNED ABOUT IN THE FORESEEABLE FUTURE."

IWAN ROBERTS
FOOTBALLER, NORWICH CITY & WALES
SCORES PARTICIPANT

Looking at study methods during phase two, the team is using cutting-edge technology to test for early signs of cognitive decline that are identifiable long before any memory problems or other noticeable symptoms become apparent. The researchers have now been measuring the cognitive health of participants for the last six months via online assessments.

The SCORES project was born during a discussion between Dr Michael Grey and Dawn Astle from the Jeff Astle Foundation. 18 months on, the study has gone from strength to strength and in Autumn 2021, a first report is set to be published.

THE PROJECT WILL ADDRESS THE FOLLOWING QUESTIONS:

1. Is the normal age-related decline in brain health better, similar, or worse in athletes who have played contact sport compared with athletes who participated in non-contact sport?
2. For the subset of participants who experience more rapid decline, is the onset of this decline different depending on the type of sport played?
3. Does age-related cognitive health differ in former professional athletes compared with those who competed at the amateur or recreational levels?
4. Are there differences in the age-related cognitive decline of female vs male athletes within the same sport?

A Trustee of the UK Acquired Brain Injury Forum (UKABIF), Dr Grey is playing a leading role nationally to highlight the need for government to drive change and the importance of independent research to help tackle the issue. He addressed Parliament's March inquiry into the links between sport and long-term injury, referring to evidence from a recent survey conducted by CAP which looked at the inconsistent advice provided across health and social care services to those who had suffered brain injuries. The Digital, Culture, Media and Sport (DCMS) Select Committee considered the scientific evidence linking sport and long-term brain injury and the role national governing bodies should be taking, including their responsibility to understand the risks involved for players and the actions that could be taken to mitigate these risks. The inquiry is ongoing but is expected to report their findings in the next few months.

"My hope is that the inquiry will result in government taking a leading role in this issue."

Dr Michael Grey
Reader in Rehabilitation Neuroscience & Concussion Action Programme research group lead





HOSPITAL-ASSOCIATED DECONDITIONING GROUP



Hospital-Associated Deconditioning (HAD) refers to muscle functional decondition and decline resulting in deterioration in mobility, often triggered by prolonged periods of immobility during hospitalisation. Sadly, HAD is common in both hospital and community settings, particularly among older people who already have reduced physiological and functional capacity. This complex condition has serious implications for a patient's recovery and discharge planning across the acute sector, community settings and social care.

Led by Dr Sarah Hanson from the UEA School of Health Sciences, the group's research looks at risk factors and predictors for HAD syndromes and employs a multi-component approach to explore a variety of interventions and strategies across the patient pathway to tackle the many issues around HAD syndromes. The group is developing interventions to test in trial settings that can be applied to an array of health and social care settings across patient care, family support, staff practice, and service-wide.

HAD syndromes have a particularly significant impact on the well-being and life quality of older people and their families as well as the unnecessary costs on NHS and social care services due to delayed discharge and readmission. Dr Hanson's work highlights the importance of keeping people moving and active. Recent work by Age UK has found that the pandemic has significantly increased older people's need for social care and that 1 in 4 older people's ability to do everyday activities has worsened during the restrictive measures. More than ever, work on the best ways of supporting people to move more and remain active is needed and for these initiatives to be sustainable".

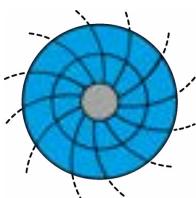
A grant application to NIHR Research for Patient Benefit is in the process of being submitted along with NNUH, JPUH, WSFT, and the NorthWest Alliance with NCHC as collaborators in an exploratory and feasibility study involving Norwich Clinical Trials Unit.

Sarah Hanson is also a leading member of a steering board at NNUH that supports initiatives in tackling HAD.

"From my point of view, deconditioning is a very important topic area as it has such an effect on the patient as well as their families. It is a very concerning that a patient goes into hospital with one thing and is discharged with an additional problem. I've been very pleased to be involved and to give the patient angle to the development of this research so that it reflects what happens in real life."

PPI Representative Alan Stephens





ImpACT GROUP

EE

NCHC

NSFT

UEA

WS

The ImpACT research group was formed in August 2020, initiated by Professor Sally Hardy, Dean of Health Sciences at UEA and Professor of Mental Health and Practice Innovation, to enable system-wide transformation across the East of England. The ImpACT group has three additional members, all of whom are experts and published leaders in their field of practice development and inclusive approaches to transformational change: Professor Kim Manley CBE, Professor Jonathan Webster, and Associate Professor Carrie Jackson. ImpACT seeks innovative ways to help systems and organisations transform, changing practice across all levels of the system, and how organisations collaborate to extend innovation uptake. Implementing service improvement across many levels of population health is now an essential consideration for those grappling with strategic transformation and the emergence of Integrated Care Systems.

The ImpACT research group collaborates with expertise across an international practice development collaborative and extends its reach working with implementation scientists from across the UK, Europe and Australasia, all of whom are working in partnership with UEA to offer an integrated approach to quality improvement through collaborative research, practice-driven innovation, and workplace learning initiatives, taking our work into regional, national and international levels.

A key priority over the past year has been to collaboratively engage with regional health and social care commissioners and providers, to co-create a programme of initiatives that support COVID-19 recovery, reinvigorating health and care systems to enable the development of learning cultures, system-level integration, and a programme of workforce transformation.

The group's activities to date have included research that helps to foster the facilitation of effective cultures of learning and improvement, underpinned by evidence-based strategies that enable teams, services and systems to achieve and sustain people-centered, safe and effective care that meets citizen and population health needs. The research team also has several projects in the space of social prescribing working closely with citizens to ensure system-level transformation works for and includes them as key to future models of care delivery and service reconfigurations.

ImpACT's research seeks to embed the 'Venus' model of person-centred sustainable transformation. This model focuses specifically on the contribution that practice development, facilitation, leadership, culture change, implementation, and innovation makes to achieving transformation.

Over the past year, the group has delivered several wide-ranging initiatives, including:

Evaluation of the Norfolk and Waveney STP ‘We Care Together Campaign’

This realist evaluation involved a thematic review of 176 interview transcripts conducted by the STP and accompanying voice files and meeting notes. The team had access to meeting notes and a series of Instagram transcripts that provided snapshot portraits of how people had been working across the health and social care system during the first wave of the Covid-19 pandemic between April and August 2020. The evaluation’s critical intention was to identify and capture potential lessons to be learned, from the oral living history of staff across the region, a baseline of the transformation agenda across the STP, and workforce profiles across the STP for informing future workforce and service sustainability agendas.

Think 111 Evaluation

The group is working in close collaboration with Integrated Care System (ICS) associates on the Think 111 evaluation, an initiative focused on system improvement.

Centenary of caring

UEAHSCP’s ImpACT research group initiated a co-designed virtual art exhibition, [‘A Centenary of Caring’](#), showcasing the effect of COVID-19 on public mental health and wellbeing, from health and social care students and staff experiences. Frontline staff collaborated with art students to create a variety of creative art pieces expressing their experiences of working in health and social care settings during the pandemic. The project was a finalist in the UEA Innovation Awards. Read more about this project on page 27.

“Our ambitious programme of work can guide health and social care service providers on how to transform their approach towards real workplace and workforce challenges. We are helping build capacity and capability for transformation focused on the East of England, but with far-reaching consequences. Our collective expertise offers measurable improvements through practice-driven change that makes a difference to people, and we’re supporting practitioners and systems leaders to find solutions that are both innovative and creative.”

Prof Sally Hardy

Professor of Mental Health and Practice Innovation

The team has extensive research experience and a track record of attracting funding for projects in the UK and internationally and continues to build a wide and inclusive network of people interested in contributing to this agenda. The group runs a regular programme of online webinars and will provide a series of activities offering partnership staff the opportunity to develop their thinking in transformation at team, organisations, and systems levels.

If you are interested in working with us, please get in touch via ueahscp@uea.ac.uk.

PARTNERSHIP CO-DESIGNS A VIRTUAL EXHIBITION ON HEALTH CARE STUDENT & STAFF EXPERIENCES DURING COVID

EAHSCP's ImpACT research group initiated a co-designed virtual art exhibition, 'A Centenary of Caring', showcasing the effect of COVID-19 on public mental health and wellbeing, from health and social care students and staff experiences. Frontline staff collaborated with art students to create a variety of creative art pieces expressing their experiences of working in health and social care settings during the pandemic.

ImpACT academics and students from UEA's School of Health Sciences, Norwich University of the Arts (NUA), NCHC, and Norfolk and Waveney Health and Care Partnership worked together to create a poignant, emotive exhibition which ran on a virtual exhibition space in February and March 2021.

The initial launch of the exhibition coincided with the centenary year when nursing and midwifery became a registered profession, which also coincides with the birth date of Florence Nightingale (12th May). The exhibition was recently extended, including pencil portraits of staff behind the mask, and showcased on International Nurses Day 2021.

A series of remote facilitated discussions took place between NHS staff, UEA and NUA students, exploring the day-to-day health and social care realities that staff experience and their emotional response to the pandemic. Facilitated by NUA and UEA academics, these online group discussions led to the co-creation of creative art expressions using various forms: from painting, textiles and poetry to video and photography.

ImpACT was involved in all the creative workshops, managed the project and supported the co-creation of two of the exhibits: Behind Closed Doors and the film from the Brooklands Care Home. Since the end of the project, the online groups have continued to meet and share their stories as new links and friendships were formed as an unexpected outcome of the project's collaborative engagement.



of Caring

INVITATION TO PV FEB 4TH 5-6PM

12th February - 12th March 2021
Project Space X
<https://www.kunstmatrix.com/en/nu-a-project-space-x>

Emma Wakelin, Head of Workforce Transformation for the Norfolk and Waveney Health and Care Partnership, said:

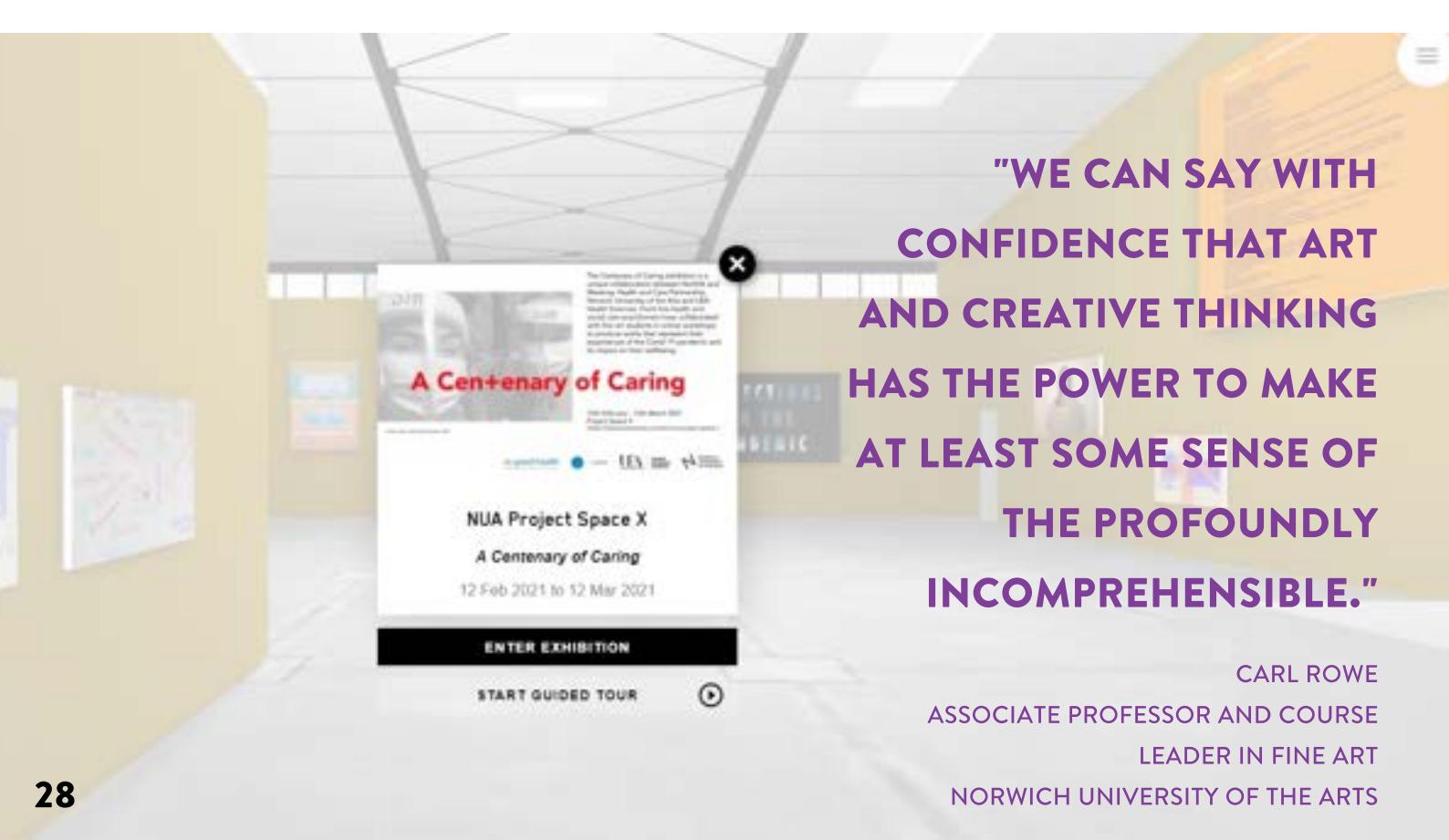
"The health and well-being of our workforce is a key priority for the Norfolk and Waveney Health and Care Partnership and one of the four objectives in our #WeCareTogether People Plan. The opportunity to collaborate with both our health care professionals and local art students to share experiences and gain insights into the impact of the pandemic has been incredible. Taking the time to visit a virtual gallery allowed me some time for personal reflection and again be thankful for the amazing NHS, Social Care, and wider communities we have in Norfolk and Waveney. We look forward to building on the exhibition with UEA and NUA over the coming months with more artwork and expression as a living history of the pandemic."

Carl Rowe, Associate Professor and Course Leader in Fine Art at NUA, said:

"What we originally set out to achieve was purposeful, creative, cathartic dialogue and something quite simple in terms of a physical outcome. The results are astounding, ranging from performance, film, poetry, infographics, portraiture, drawing, prose, photography, and textiles. All the resulting artworks reveal an insight into the ravages of the Covid-19 pandemic."

NUA and UEA colleagues are continuing in their endeavour to provide a future project exploring creative arts engagement; this positive new collaboration will continue to bring people together through shared experiences that form additional case materials for evidencing how engaging in creative arts can improve or sustain mental wellbeing during considerable periods of emotional strain.

The Centenary of Caring project is a finalist in the UEA Innovation Awards 2021.



"WE CAN SAY WITH CONFIDENCE THAT ART AND CREATIVE THINKING HAS THE POWER TO MAKE AT LEAST SOME SENSE OF THE PROFOUNDLY INCOMPREHENSIBLE."

CARL ROWE
ASSOCIATE PROFESSOR AND COURSE
LEADER IN FINE ART
NORWICH UNIVERSITY OF THE ARTS

MAKING AN IMPACT ON SUSTAINABLE TRANSFORMATION

The ImpACT research group hosted a series of illuminating online webinars centred around the five stems of a Venus Model for People-Centred Sustainable Transformation.

A new and informative webinar was held every month between November and March 2021, covering themes such as practice development, facilitation and collective leadership required for implementing sustainable change across health and social care systems.

The online events were highly interactive, prompting robust discussion and thoughtful questions from the audience. Each webinar was jointly led by ImpACT research group members Associate Prof Carolyn Jackson, Dr Jonathan Webster, Professor Kim Manley, and Professor Sally Hardy. The series also featured guest speakers from a wide variety of associate organisations including; Fontys University of Applied Sciences in the Netherlands, The Foundation of Nursing Studies (FoNS), Sydney Children's Hospitals Network in Australia, Children's Hospital Westmead in Australia, Basel University Hospital in Switzerland, and the University of Wollongong in Australia.

In total, the series attracted over 1,000 registrants from over 100 organisations across a variety of sectors including the health and social care sector, academia, local government, educational institutes, and more.

ImpACT is building upon the momentum from the introductory Venus Model series to host a second webinar series, this time with a focus on Health System Transformation, covering topics such as post COVID recovery, culture change, workplace, and workforce wellbeing, and more. The second series was launched in May 2021 and will be scheduled monthly over the coming months, again featuring collaborator partners who helped kick start another highly relevant ImpACT webinar series for systems-wide transformation during a time of Integration Care Systems being initiated and longer-term COVID recovery.

Learn more about their current Health Systems webinar series here: [ImpACT's Health Systems webinar series.](#)

1,000+
EVENT
REGISTRANTS

100+
ORGANISATIONS
REPRESENTED





Conceived during collaborative discussions at UEAHSCP's 2019 Young People's Mental Health and Wellbeing conference, the primary aim of the Looked After Children's Mental Health Research Network (LANTERN) is to make this region the best place to be for a looked-after child's mental health.

Led by Dr Simon P Hammond, Lecturer in Education in UEA's School of Education and Lifelong Learning and Honorary Associate Professor at NSFT, the network focuses on developing and/or assessing support solutions for children and young people who are looked after, and those who support them, to improve guidance available and facilitate positive mental health. As a cohort, children and young people with care experience are at heightened risk of experiencing relational trauma, emotional, behavioural, and educational difficulties and are also at higher risk of the mental health implications of online harm.

The needs of those with pre-existing mental ill-health have been accelerated and amplified by the pandemic, making LANTERN's activities critical. LANTERN's main research priorities focus on three key themes: (i) better evidencing practice innovations, (ii) promoting positive mental health and mental health support, and (iii) supporting better online lives.

Researching how to support children and young people with care experience online, and those who support them, has become an important theme of LANTERN's recent work. Dr Hammond said "89% of children and young people aged 10-15 years old in England and Wales go online daily, and an astonishing 81% report harmful online experiences. But online risks are not evenly spread; young people with offline vulnerabilities are more at risk online and, very often, are less supported".

Our work aims to provide young people and professionals with strategies, skills and knowledge to better navigate, recover and grow following online risk experience.

Dr Simon P. Hammond

Dr Hammond has formed strong links with Internet Matters, a leading organisation that provides expert support and practical tips to help parents, carers, and professionals keep children and young people safer online. Dr Hammond provided guidance and expertise to support the launch of an inclusive digital safety hub designed to help society's most vulnerable children and young people, reviewing material that supports parents/carers and educational professionals working with children and young people with care experience.

Dr Hammond is leading another project with Internet Matters to explore how professionals working with vulnerable children and young people, including those with Special Educational Needs and Disabilities and mental health challenges, currently approach discussions with them about internet safety. The study aims to identify areas to improve and tailor guidance and support provided by professionals including Teachers, Councillors, and Educational and Clinical Psychologists. It follows Hammond's [recent paper](#) which highlights the practical ways in which professionals can promote positive mental health by supporting young people with care experience online.

"We know that navigating and recovering from online harms is increasingly important for all members of society," said Dr Hammond. "It's vital that schools and education providers are equipped with a bespoke understanding of these issues and activities to promote digital resilience and literacies within the context of children and young people with vulnerabilities in ways that enable them to flourish."

Researchers are evaluating NCC's Enhanced Fostering Service programme, which supports young people ready to move from a residential home to a stable foster home successfully for a minimum of at least one year. The service works alongside the residential home and allocates a social work team to find a fostering family and then supports prior, during, and after the introduction period and moving in. The study will measure improvements in a range of individual and system outcomes, looking at levels of school engagement and placement stability carer retention.

"LANTERN has been pivotal in facilitating research links with local research partners in the region. These links have provided essential support in all areas of the development of our service evaluation project."

Dr Ruth Payne
Clinical Psychologist, NSFT & NCC Enhanced Fostering Service

The Fostering Network was awarded a Nominet Public Benefit Grant which will bring together Dr Hammond, Dr Kimberley Bartholomew (UEA), and Internet Matters to co-develop a suite of free, CPD accredited online training for foster carers to be launched in Autumn 2021. They will work together to develop resources and work together to lead the evaluation of this course.

Supporting the work of the UK Council for Internet Safety Vulnerable Users Working Group, Dr Hammond's research on digital resilience has informed the creation and design of a Digital Passport for young people with care experience. The Passport, launched by Parliamentary Under-Secretary of State for Children and Families MP Vicky Ford, will help collate material to support information sharing for children moving around frequently. It will provide detail on the child's knowledge and use of digital technology to support their well-being and to help carers safeguard their online safety by being aware of their online capabilities.

Looking ahead, working with partner organisation NSFT, Dr Hammond and LANTERN colleagues are conducting a collaborative NIHR study, LIMITLESS, that examines the use of 'life story work' as an intervention to support the mental health of adolescents in care. Read about this project on page 33.

PROJECT AIMS TO SUPPORT MENTAL HEALTH OF VULNERABLE CHILDREN

Looked After Children's Mental Health Research Network (LANTERN) is running the LIMITLESS project examining the use of 'life story work' as an intervention to support the mental health of adolescents in care. LIMITLESS will be a collaborative study conducted by researchers from NSFT and UEA.

The study will review published literature and gather views from young adults who have lived in care, carers, social workers, and mental health professionals, with an aim to provide better evidence on using life story work with adolescents as a low-intensity intervention to improve mental health and well-being at an early stage.

Funded by NIHR, the study is led by LANTERN lead researcher Dr Simon P Hammond of UEA's School of Education and Lifelong Learning and Honorary Associate Professor at NSFT. It builds on a scoping paper made possible through partnership funding: 'Life story work for children and young people with care experience: A scoping review' recently published in the journal *Developmental Child Welfare*.

Life story work is thought to help those in care to understand who they are and how their experiences have shaped them.

Currently, life story work is delivered as a high-intensity intervention, often reliant on specialist professional input over several months; it also focuses mostly on younger children.

Dr Hammond highlighted the importance of expanding initiatives that support young adults:

"Adolescents are the fastest-growing age group entering the English social-care system and the group most at risk of poor mental health.

Unaddressed mental health needs are one of the biggest issues facing children and young people who have experience of living in care."

The Care Leaders, a social enterprise that harnesses lived experience to create innovative projects to support vulnerable young people, will work closely with researchers to help develop innovative projects for children currently in care.

Luke Rodgers BEM, Director of Strategy at The Care Leaders, underlined how vital the research is to our community, particularly vulnerable children: "Life story work is important because not every child will know about people in their family or have pictures or information about their childhood and places they have lived. By understanding and giving a platform for the voices of those with lived experience, the project will gain knowledge to develop our services to best serve young people and help ensure children's social care is meeting the needs of young people with experience of living in care."

LIMITLESS will be led by UEA in collaboration with primary partner NSFT with The Care Leaders, The Fostering Network, the University of Oxford, and the University of Bath.

Click [here](#) to learn more about the study.

"AS CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES NATIONALLY REMAIN CHRONICALLY UNDERFUNDED AND DEMAND FOR SERVICES CONTINUES TO INCREASE, BETTER EVIDENCE ON EXISTING INTERVENTIONS AND EFFECTIVE, LOW-INTENSITY INTERVENTIONS ARE URGENTLY NEEDED. THIS IS SOMETHING THE LIMITLESS STUDY WILL ADDRESS."

DR JON WILSON
CONSULTANT PSYCHIATRIST, NSFT & CO-APPLICANT ON THE LIMITLESS STUDY



Dr Simon P Hammond engaging in workshop discussion at 2019's Young People's Mental Health and Wellbeing conference. Stephen Fry and Prince Harry were among the high-profile supporters of the event, which brought together 264 people from across more than 100 local organisations.



ESNE

JP

NCCG

NCHC

NN

NSFT

QE

UEA

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Medicines Optimisation Group East Anglia (MOG_EA) was the first research group to be established in April 2019. Two years on, MOG_EA has grown into a vibrant community with several major projects underway, cementing itself as a regional centre of excellence.

The group addresses local medicines optimisation priorities by undertaking a range of ambitious innovative projects across partner organisations and sharing knowledge on study design, research practice, and dissemination. Input from across the region has helped the group refine their focus to work on three key areas: personalised medicine, medicines safety, and deprescribing practices.

The group is chaired by Prof David Wright, Professor of Pharmacy Practice at UEA and Nicola Berns, Divisional Director Clinical Support Services and Chief Pharmacist at QEHL. Membership also includes representation from members of the public.

Pharmacogenomics (PGx) project:

This UEA-funded research looks at personalised medicines use and acceptance. The pilot study explores whether and how DNA cheek swabs can be introduced to health services to optimise prescribing for more effective personalised treatment. Participants provide a simple cheek swab, the results inform the prescriber as to whether the medicine and dose are most appropriate for that patient's genetic profile.

Whilst routinely embedded in other countries as it has been shown to improve patient outcomes and demonstrate value for money to health systems, this will be the first trial in the UK in patients prescribed a range of different medicines. The resultant MyDNA clinical pathways development trial will start in October 2021 across primary and secondary care partner organisations in Norfolk and Suffolk. Mental health trusts and GP practices are signed up and ready to move forward with the first test.

“Being part of the MOG_EA group has been a fantastic opportunity to work with health and academic colleagues in East Anglia to identify, explore and undertake research opportunities to support medicines optimisation. The Group has delivered some tangible outcomes and is a really good example of partnership working in practice!”

Dr Mark Cheeseman

Professional Lead for Medicines Information, ESNEFT & MOG_EA lead

Development of an app-based anticholinergic burden (ACB) tool:

MOG_EA developed an app-based anticholinergic burden (ACB) tool following a grant of £62k from EIRA and EAHSN. This collaborative research between MOG_EA, EAHSN and the University of Kent aims to provide prescribers with reliable, evidence-based tools to help them understand and manage ACB, leading to improved care, fewer complications and reduced admissions. You can read more about this tool in the case study on page 42.

Summer Studentships:

MOG_EA hosted two summer studentships in the summer of 2020 looking at patient views on Self-Administering of Medication (SAM) within the hospital setting, gathering data from East Coast Community Healthcare CIC, QEHLK, JPUH, WSFT, NNUH, and ESNEFT. The project identified benefits, barriers and enablers to self-administration on admission to hospital through an extensive literature review and patient interviews. The study also described the current number of missed doses that occur on admission due to the need to switch to medicines supply from the hospital. The Medicines Safety Project, currently in development, will build on this valuable work by supporting the safe self-administration of medicines by patients in secondary care.

Nationwide Hospital Deprescribing project:

In September 2020, we shared the news that members of MOG_EA, with national collaborators, will lead a £2.4M programme of research investigating the effects of deprescribing medicines when they have a greater chance of causing harm than benefit for older people. You can read more about this project in the case study on page 37.

FluCare:

In 2020, MOG_EA supported the development of a Public Health Research Call to investigate approaches to improving influenza vaccination rates in care home staff. It went through to stage 2, with the outcome for the £1.4M application due July 2021. If successful, a feasibility study will test different types of services in 10 homes across several regions nationwide including Leeds, Leicester, Norfolk and potentially Suffolk and Essex. The data from which would then be used to inform the delivery of a national study with a target of raising current vaccination rates from below 40% to WHO recommended levels of over 75%. The intervention is planned to include active monitoring of vaccination rates, the inclusion of incentive schemes, provision of pharmacist-led clinics within the homes at a range of different times and training for care home staff. If successful, this would be the first intervention to include a range of different interventions and designed to enable estimation of the contribution of each element.

Research Capacity Funding:

Looking to the future, MOG_EA was awarded £78k by Norfolk CCG and the ARC to support the development of a set of high-profile medicines optimisations grant applications. These specifically target the deprescribing of opioids, urinary anticholinergics, hypnotics and z-drugs, as well as promoting safe deprescribing strategies within care home and hospital settings and utilising big data for medicines optimisation. News regarding the outcomes from these applications is imminent.

RESEARCHERS LEAD NATIONWIDE HOSPITAL DEPRESCRIBING PROJECT

Members of MOG_EA are leading a £2.4m NIHR funded hospital initiative to increase the chances of proactively stopping medicines prescribed to older people where the risk of harm may now outweigh the benefits. Together with national collaborators, the team will determine the safety, effectiveness and cost-effectiveness of this initiative.

Evidence demonstrates that 40% of older people admitted to hospital are prescribed medicines that could be safely stopped but less than 1% are offered this opportunity. Launched in September 2020, the CompreHensive geriAtRician-led Medication Review (CHARMER) study refines and tests a behaviour change intervention involving integrated working between geriatricians and hospital pharmacists to increase proactive stopping of medicines before harm occurs. In the early stages, the project gives patients, carers, and staff across 22 hospitals nationwide roles in helping to design the intervention and select the outcome measures which should be captured in the later trial. As the project moves to its later stages, it is anticipated that half of all hospitals in England will participate in the final trial to test the intervention.

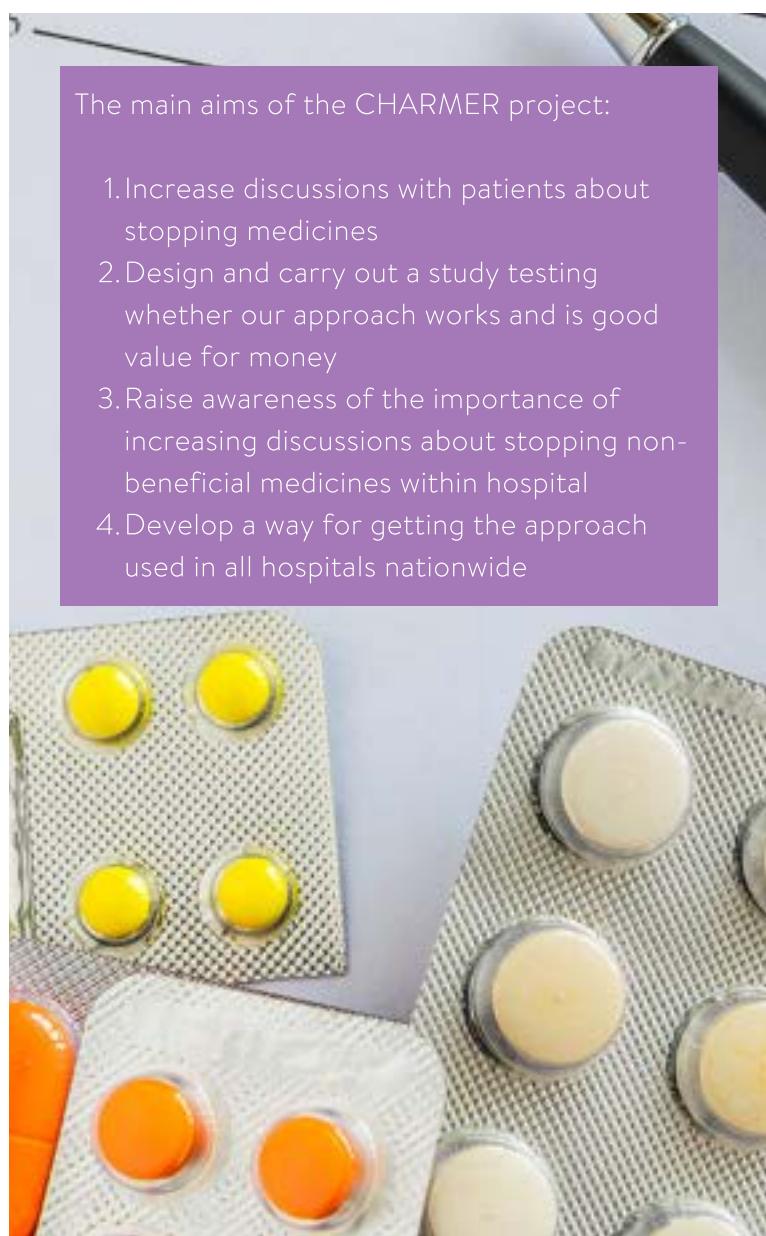
The project is led by a collaborative consortium of organisations, with NNUH acting as the research host. Other partners that were awarded funding under the project in their collaborative roles include Cambridge University Hospitals NHS Foundation Trust, University of York, University of Leeds, and Newcastle University.

So far, the group has closed the first round of the Delphi survey to develop a core outcome set for hospital deprescribing trials (work package 1). Round 1 comprised of 15 hospitals participating, including:

- Healthcare practitioners caring for older people in hospital (148 participants)
- Hospital managers involved in the care of older people (17 participants)
- Patients and carers (19 participants)
- Academic researchers with an interest in older people's medicine and/or deprescribing (28 participants)

The main aims of the CHARMER project:

1. Increase discussions with patients about stopping medicines
2. Design and carry out a study testing whether our approach works and is good value for money
3. Raise awareness of the importance of increasing discussions about stopping non-beneficial medicines within hospital
4. Develop a way for getting the approach used in all hospitals nationwide



The following hospitals participated (number of recruits):

- University Hospital of Coventry and Warwickshire (8)
- Northumbria Healthcare NHS Foundation Trust (17)
- Salford Royal NHS Foundation Trust (16)
- Wrightington, Wigan and Leigh NHS Trust (19)
- Royal Devon & Exeter Hospital NHS Foundation Trust (15)
- Cambridge University Hospital (12)
- Newcastle upon Tyne Hospitals Trust (14)
- University Hospital Southampton (8)
- Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust (11)
- Norfolk & Norwich University Hospitals NHS Trust (21)
- Royal Cornwall Hospitals NHS Trust (4)
- Liverpool University Hospitals NHS Foundation Trust (21)
- Hull University Teaching Hospitals NHS Trust (13)
- Fairfield General Hospital, Pennine Acute NHS Hospitals Trust (2)
- Harrogate & District NHS Foundation Trust (15)

Researchers are two-thirds of the way through their co-design study to develop a hospital deprescribing intervention. The research team has now convened six (of nine) workshops to co-design the intervention with healthcare practitioners, managers and the Public and Patient Involvement team at Cambridge University Hospitals (Addenbrooke's), Queen Elizabeth Hospital King's Lynn and University Hospitals of Leicester. The workshops to develop the intervention are a significant part of the CHARMER research and the Patient & Public Involvement (PPI) team is central to this work.

PPI lead Katherine Murphy outlines the important role PPI members are playing in developing the intervention: "As a PPI team, we meet weekly with a structured agenda and the meeting is chaired by the lead applicant for the project. This gives us an opportunity to digest the content of meetings, our contribution and identify patient touchpoints in the deprescribing project.

"As part of our induction programme, we were introduced to the full team and walked through each section of the 5-year research programme. We have assisted in testing patient surveys and designing documents to be sent to stakeholders to ensure that the language used in summaries or description is appropriate and clear."

Looking ahead, the CHARMER research team will synthesise the data over the next few weeks before the final round of workshops begins in July.

The team is now working with the Clinical Trials Unit to prepare the ethical and governance application for work package 3, where they will feasibility test the intervention and trial processes.

"As PPI members, we have been involved in all research management and governance activities and actively engaged in reading all the programme documentation. We are recognised as integral members of the Research Team and acknowledged for our contribution."

Katherine Murphy
PPI Lead for the CHARMER project



MULTIMORBIDITY GROUP



A patient with multiple chronic conditions may need considerable NHS support and may not be well served by single-disease guidelines, but it can be difficult for clinicians to address all their issues. The NHS describes the rapidly increasing rates of multimorbidity as potentially the biggest future clinical challenge facing the health and social care sector.

With that in mind, the Frailty research group chose to change their name to the Multimorbidity research group to better align with their research priorities, looking at the complexities around complex concurrent conditions relating to physical and mental frailty, often connected to older age.

Frailty can cause a loss of independence, wellbeing, and confidence, and can lead to increased disability. Frailty, therefore, increases demand on health and social care services and can have a considerable impact on health outcomes, including an increased risk of mortality. Early detection is key in delaying frailty where possible; introducing interventions earlier for individuals with confirmed frailty can improve health outcomes by helping to avoid hospitalisation or readmission.

The group's research looks at how personalised health and social care service innovation and interventions may benefit older people, people living with frailty or dementia, and their carers.

They aim to identify and develop service innovation across our local region to develop interventions to support older people to maintain active, safe, and healthy independence.

Over the past year, Multimorbidity researchers have been driving significant research innovation and have led nationwide collaborative projects, particularly to produce research interventions that support the staff and services users in care homes who have been at the very front line of the battle against COVID-19.

COVID-19 in North Norfolk Care Homes:

A novel study led by researchers from the Multimorbidity research group, North Norfolk Primary Care and Norwich Medical School released preliminary results showing that up to 63% of care home residents in North Norfolk, who tested positive for COVID-19, are either asymptomatic or experience 'atypical' symptoms. You can find out more on page 41.

i-WHELD:

Multimorbidity researchers are part of a large national consortium, led by the University of Exeter, awarded a £1.6m UKRI grant for the 'i-WHELD' project, an adapted digital intervention aimed at providing virtual supervision of care home residents. For more, read the case study on page 43.

CareCoach:

Hosted by the Multimorbidity research group, NSFT and UEA researchers are working together to produce an innovative digital support package, 'CareCoach', to help improve the lives of dementia carers in the UK. This project is detailed further on page 45.

ACB Tool:

Multimorbidity's collaborative project between MOG_EA, UEA, EAHSN, and the University of Kent released an app-based anticholinergic burden (ACB) tool that will support the optimisation of medications for individual patients. The tool aims to support safer prescribing, reduce harms to individuals, and enable education and support for NHS prescribers. A Literature review has been completed. Explore this project further on page 42.

Norwich Escalation Avoidance Team (NEAT):

Multimorbidity concluded their analysis of NEAT, Norwich's 'single point of access for urgent, unplanned health and social care needs where co-located staff work together to coordinate an integrated response.' Responding to NEAT's changing role in hospital discharge, the Multimorbidity group plan to build upon their evaluation and assess larger aspects of social support to develop a much larger and robust study. The evaluation influenced local thinking on the value of escalation avoidance structures and informed the subsequent implementation of triage systems.

Dementia Risk Care:

Multimorbidity started a new initiative in February 2021 looking at the existing literature that covers acute, community care teams and home care workers who delivered dementia care and how they interact. Home care for dementia is delivered by a range of organisations across Suffolk, with some Norfolk input.

The project aims to map this complex activity and consider the crisis points when patient support is escalated to NHS teams and the risk faced by professionals and the patient. This project may be supported by REACT (ESNEFT) and DIST East (NSFT Ipswich team) and discussions are ongoing with their research contacts.

Going forward, the group is looking to launch a new collaborative project, GEMINI, a complex evaluation of multimorbidity interventions to explore options of individualisation. Funding for this project was awarded by the Medical Research Council in April 2021, with additional funding currently under consideration- totalling £5million.

NORTH NORFOLK CARE HOMES STUDY

ASYMPTOMATIC SCREENING PROVES

VITAL

A study led by members of the Multimorbidity research group, together with North Norfolk Primary Care, published an evaluation in August 2020 on the excess deaths in care homes due to the first wave of the COVID-19 pandemic.

Led by Dr Paul Everden, a leading researcher from UEA's Norwich Medical School, the service evaluation studied data on North Norfolk care homes to evaluate the nurse-led Enhanced Care Home Team (ECHT)'s SARS-CoV-2 testing strategy. With mass vaccination not yet underway at the time of the study, UK care homes were at very high risk of COVID-19 infection and residents were extremely vulnerable to infection and death.

In rapid response to COVID-19, 'intelligent' testing strategies identified previously unidentified atypical symptomatic, as well as significant levels of asymptomatic, care home residents and staff with COVID-19 infection, resulting in early isolation and management. The study revealed preliminary results that showed that up to 63% of care home residents in North Norfolk who tested positive for COVID-19 were either asymptomatic or displayed 'atypical' symptoms and, in many cases, symptoms did not include a high temperature, cough, or loss of smell. Instead, residents who tested positive for COVID-19 often presented as 'generally unwell'.

The testing concluded that, as older people do not often get typical symptoms, where a resident appears generally unwell, SARS-CoV-2 infection should be suspected. At a time where testing was still targeted towards those who were symptomatic, the team's research concluded that effective and ongoing testing and screening of residents and staff in care homes was vital for identifying cases and controlling the spread of the virus. The resulting paper, [published on medRxiv](#), consequently drew significant attention from health leaders and media outlets.

ECHT tested 521 individual residents in 44 care homes and 340 staff in 10 care homes using nose and throat swabs between April 7 and June 29, 2020. Test results and symptoms were compared for residents and positive asymptomatic residents were followed for up to 14 days after testing. The ECHT found that 103 residents tested positive in 14 homes and 49 staff in seven homes. However, of the residents, only 38 (37%) had typical symptoms at the time of the test.

The service evaluation was carried out in North Norfolk, but Dr Everden says that we would expect to see similar results nationally: "These findings are really vital for protecting care home communities and we hope they will help keep residents and staff safe - particularly if we are to face future waves of the pandemic in the UK where resources will again be precious."

MEDICINES CALCULATOR LOOKS TO IMPROVE PATIENT SAFETY

The partnership's Multimorbidity research group has come together with the Medicines Optimisation research group, along with researchers from UEA's Norwich Medical School, Eastern AHSN and the University of Kent, to develop a web-based anticholinergic burden (ACB) calculator. This is based on highly cited work over the last 15 years in the field of safer medication.

Using advanced machine learning techniques, the tool helps clinicians tailor safer prescriptions to improve patient outcomes. The tool, which is still in development, aims to optimise medications for individual patients and lessen complications from overuse of anticholinergics, resulting in safer prescribing and improved patient safety as well as a reduced financial burden on the NHS.

The new tool has had some clinical data testing and is more accurate than existing tools and the group is planning to look at a new project creating a personalised assessment so that it will have a real-world patient application, allowing some to have a high score but others with health conditions not so that they can still be given medicines, for which there are no alternatives, in a safer manner.

The tool has been shared across health and social care networks seeking feedback to test the calculator and make improvements going forward.

"THIS PROJECT HAS LED TO A MULTICENTRE COLLABORATION BETWEEN THE UNIVERSITIES OF EAST ANGLIA AND KENT AND OTHER INTERNATIONAL EXPERTS IN THE FIELD FROM THE UNIVERSITIES OF ABERDEEN, ASHTON (UK) AND TEAMS FROM THE USA. THIS COLLABORATION COULD HAVE A SIGNIFICANT IMPACT ON FUTURE CLINICAL PRACTICE."

PROFESSOR PHYO KYAW MYINT
CLINICAL CHAIR IN MEDICINE OF OLD AGE,
UNIVERSITY OF ABERDEEN

DIGITAL RESOURCE SET TO SUPPORT CARE WORKERS

UEAHSCP's Multimorbidity research group is part of a national consortium to deliver a £1.2m online training project 'i-WHELD', a virtual resource developed in rapid response to support care workers in residential homes who have been hard-hit by the COVID-19 pandemic. Led by the University of Exeter, researchers will help develop an online staff training platform to improve and personalise care, which will be rolled out to almost 1,500 care homes nationwide.

The online resource is an adapted digital version of the WHELD intervention (Improving Well-being and Health for People with Dementia) which has proven to increase the quality of life and mental health of care home residents with dementia. The online adaptation includes virtual support to help build meaningful connections and interaction across the care home sector specifically developed for the challenges presented by the pandemic, including access to peer networking, digital resources, online group supervision calls, easy reference guides, activities to foster connection during this time of isolation and social distancing, evidence-based person-centred care, and personalised activities.

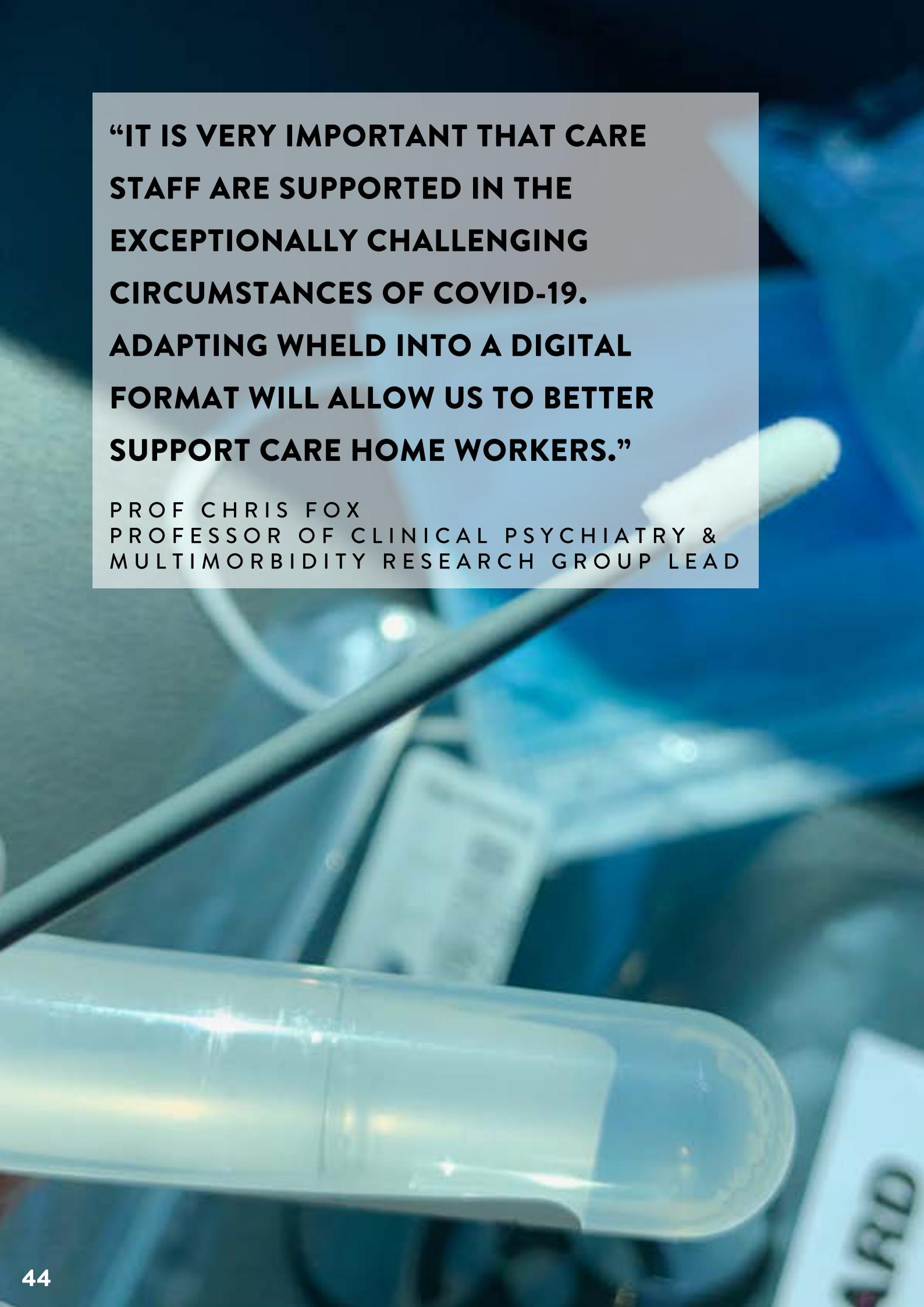
The intervention will initially be available as a pilot trial to staff in 160 care homes, followed by rapid evaluation and optimisation before making the intervention available to care homes nationwide, including those across our region.

Led by the University of Exeter and Kings College London, the project also includes researchers from the London School of Economics and draws funding from NIHR and UKRI.

Professor Chris Fox highlights the importance of the intervention: "Many of the 400,000 people living in care homes in the UK have dementia, mental health or neuropsychiatric symptoms, and a number of physical illnesses. They are at a particularly high risk of developing severe COVID-19, and providing support is challenging for care staff who are facing a difficult, distressing, and isolated work environment."

Prof Clive Ballard, Dean and Pro-Vice-Chancellor of the University of Exeter Medical School, said: "Care home residents are among the frailest in society and are at particularly high risk of dying from COVID-19. I'm delighted that this study will help us to adapt the programme to a COVID-19 world, and roll it out swiftly, to provide the best possible support to residents and staff."

UEAHSCP's Multimorbidity group focuses on many aspects of frailty and older age, working to understand how health and social care service innovation and interventions may benefit older people, those living with frailty or dementia, and their carers. They aim to identify and develop regional service innovation and develop interventions to support older people to maintain active, safe and healthy independence.



“IT IS VERY IMPORTANT THAT CARE STAFF ARE SUPPORTED IN THE EXCEPTIONALLY CHALLENGING CIRCUMSTANCES OF COVID-19. ADAPTING WHELD INTO A DIGITAL FORMAT WILL ALLOW US TO BETTER SUPPORT CARE HOME WORKERS.”

PROF CHRIS FOX
PROFESSOR OF CLINICAL PSYCHIATRY &
MULTIMORBIDITY RESEARCH GROUP LEAD

PARTNERSHIP INITIATIVE SUPPORTS LOCAL DEMENTIA CARERS

NSFT and UEA researchers are working together to produce an innovative digital support package to help improve the lives of dementia carers in the UK.

Hosted by the Multimorbidity research group, the team will work with carers and health and social care workers to co-develop and test a new 'CareCoach' support package - thanks to a £1.93M funding grant from the National Institute for Health Research (NIHR).

Multimorbidity group lead Prof Chris Fox from UEA's Norwich Medical School is co-leading the initiative along with Dr Jane Cross from UEA's School of Health Sciences and will work closely with researchers from NSFT to adapt an existing resource delivered in the Netherlands, where a 'Partner in Balance' intervention has already been shown to reduce the burden and stress of caring for a family member or friend with dementia.

As dementia progresses, individuals have greater psychological, social, and physical care needs that are stressful for family carers to cope with. The blended care initiative aims to provide online coaching to help dementia carers stay emotionally and physically well. This is particularly pertinent amid the coronavirus pandemic, which has left many people with dementia and their carers more isolated than ever, cut off from their wider support network of family, friends, health services, and support groups.

"We know that family carers provide significant support for people with dementia with very limited support for them. But it's really important that carers get the right support too. We want to help carers improve their quality and life, mood and sense of being able to care well."

Dr Jane Cross

Senior Lecturer, UEA & CareCoach co-lead

Having already carried out a national survey of 400 carers from Together in Dementia Everyday (TIDE) and with experience of working with people with dementia and their families, the research team will co-develop a UK version of PiB that supports carers with a blended care approach combining online resources with a health professional 'coach', including interactive materials to better reflect the UK population and care situations.

Researchers will test implementation in the UK and undertake a blind randomised controlled trial to assess the effectiveness and cost-effectiveness of PiBUK; researchers will work with family carers and healthcare professionals to develop and test the package's suitability for real-life use through a feasibility assessment where researchers will look at carers' sense of being able to provide quality care, as well as their mood and quality of life.

Juniper West, Research Development Lead, Older People's Services at NSFT, highlights how the project aligns to NSFT's priorities:

"In 2018-19, our research team ran a project to identify top research priorities, involving 126 service users, family or friend carers, and clinical staff from our dementia and older people's mental health services. The top priority was around training and support for informal caregivers for people with dementia, so the Carecoach research programme addresses very important, locally expressed needs."

CareCoach is led by UEA and NSFT, in collaboration with the University of Bradford, London School of Hygiene & Tropical Medicine, the University of Nottingham, the University of Amsterdam, and Maastricht University. Collaborators include Dementia UK, the Alzheimer's Society, the TIDE (Together In Dementia Everyday) network of carers, former carers and health and social care professionals, and INTERDEM (the European network on research into early detection and timely intervention in dementia).

**"THE CARECOACH
RESEARCH PROGRAMME
ADDRESSES VERY
IMPORTANT, LOCALLY
EXPRESSED NEEDS."**

JUNIPER WEST
RESEARCH DEVELOPMENT LEAD, NSFT



>700,000

family carers in UK

supporting

~850,000

people with dementia



NUTRITION GROUP



A healthy and balanced diet throughout life supports normal growth and development, maintains healthy body weight, and reduces the risk of chronic diseases. Conversely, malnutrition is a common problem affecting millions of people, particularly those over the age of 65 and living with long-term conditions, presenting obstacles to maintaining long-term health. Low income, social isolation and limited mobility can also increase the risk of becoming malnourished. Malnutrition is difficult to reverse once underway. Vitamin D deficiency and dehydration are also found in vulnerable populations, also requiring treatment.

Led by Professor Ailsa Welch, Professor of Nutritional Epidemiology, the Nutrition group's core research focus areas are exploring screening projects around malnutrition, dehydration and vitamin D deficiency.

Malnutrition is common in all healthcare settings and is present in 30% of people admitted to hospital, leading to a more expensive and longer stay. However, it is often recognised late and at a stage that is too advanced to be reversed by simple measures. Early detection is important to allow treatment. Vitamin D deficiency is also highly prevalent in the East Anglian population in older people and disadvantaged population groups, such as those with learning disabilities - screening for both malnutrition and vitamin D is important.

The ultimate aim of the group's research is to develop new methods of identifying malnutrition, dehydration and vitamin D deficiency in the community and secondary care, which will make screening for these conditions more effective. The group aims to utilise routine clinical measurements made in GP and Secondary Care to identify people at risk which could help bridge system gaps. The group's long-term goal is to produce evidence to feed into practice at national level to enable earlier identification of malnutrition and vitamin D deficiency within population groups and prevent avoidable complications through timely treatment.

Earlier identification of malnutrition and earlier clinical intervention will help to reduce its associated morbidity, reduce the rate of hospital admission, and shorten the duration of stay for those who still require in-patient care.

The group is identifying routine clinical measures available through databases held within East Anglia to compare data from routine clinical measures with conventional nutritional screening and dietetic review. Researchers are scoping using questionnaires to detect vitamin D deficiency in care homes.

The Nutrition Group looks to devise therapeutic interventions focused on at-risk populations, aiming to improve nutritional status and reduce associated future chronic diseases and morbidity





PALLIATIVE CARE GROUP



Lead by Dr Guy Peryer, the Palliative Care group supports the increasing need for services and community-led solutions in palliative care within our region. Over the past year, the group has seen significant collaboration with the region's hospices and influenced system-wide strategy and encouraged innovative community-led policymaking.

The group seeks to: improve community-based palliative and end-of-life (EOL) care in the Eastern region; design suitable workforce training packages for non-specialists in the provision of person-centred palliative care; identify clear, simple technical assistance for system integration design; and provide a targeted evaluation of implementation strategies across the Eastern region for expanding community provision of palliative and EOL care.

Residents in Norfolk, Suffolk and North East Essex over the age of 65 are projected to increase by over 135,000 between 2018 and 2035. It is estimated that by 2040, 75% of all patients will require some form of palliative care and this is likely to be higher and of more demanding nature in our region.

Compassionate Communities:

In collaboration with health commissioners and partners at Suffolk's Pear Tree Centre, UEAHSCP's Palliative Care group successfully secured £50,000 funding from Norfolk and Waveney CCG to implement a Compassionate Community Civic Charter in Halesworth, Waveney.

Compassionate Communities are defined as "enhancing the activities of naturally occurring supportive networks combined with the wealth of community resources to be found in neighbourhoods, workplaces, educational institutions, or any place where people gather. Activating these communities can bring immense benefit to the people involved, both those receiving and giving support. Professional health and social care services can work in union and harmony with compassionate communities. If they do so, they will have an enormous resource which will help the people they serve in ways not possible for professional services alone." (from www.compassionate-communitiesuk.co.uk/what-are-compassionate-communities).

Storytelling Intervention:

As part of the CCP, Palliative Care researchers published an article in the Journal of Public Mental Health: 'Using a storytelling intervention in schools to explore death, dying and loss'; this aims to evaluate the feasibility of implementing a public health intervention in schools to encourage pupils aged 12-15 years to independently explore ideas of death, dying, loss, and EoL care in a structured and creative format. The intervention aligns with the Norfolk and Waveney STP EoL and Palliative Care strategy. The report identified schools as an empowered community asset that could increase awareness and support families affected by death, dying, and loss.

Read more about this user-led project on page 51.

Looking ahead, the group will continue their close engagement with service users to improve user-centred palliative and end of life care. With an increasingly ageing population and the impact of residual grief and loss suffered during COVID-19, the Palliative Care research group's priorities will continue to support the increasing need for services and community-led solutions in palliative care in our region.

"My memories of the Norwich School Project are all good. It is an excellent school brilliantly led and with staff who were quick to engage with us, and who responded entirely positively. Any concerns that the children might fail to engage or that their parents would be troubled were quickly dismissed and, as far as I am aware, never arose. One has hopes that this young generation will grow up aware that death is part of life, and we can only hope for a good death at the end of a good life. The poems were excellent and moving, and I am sure the experience of those who came to read them out was formative."

Sir Richard Jewson
Former Lord Lieutenant of Norfolk and
supporter of the Palliative Care research
group



STORYTELLING INTERVENTION SUPPORTS OPEN CONVERSATIONS AROUND LOSS

UEAHSCL's Palliative Care research group led the design and roll-out of a creative 'storytelling' intervention within a local school setting, aiming to support and facilitate conversations around grief and loss among school pupils and their families.

The project was co-produced by UEAHSCL, Norwich School, Sir Richard Jewson (ex-Lord Lieutenant of Norfolk), and the Norfolk and Waveney NHS Palliative and End of Life Care Collaborative. Pupils at Norwich School wrote up to 1,000 words in response to the title 'I wish we'd spoken earlier'. The initiative aligns closely with the Norfolk and Waveney Palliative and End of Life Care strategy, which identifies schools as an important community asset in promoting death literacy and supporting people affected by death, dying and loss. Three pupils were asked to read their submissions at the Dying Matters public event at the Forum in Norwich.

The research team published an article discussing the feasibility of implementing a public health intervention in schools to encourage pupils aged 12-15 years to independently explore ideas of death, dying, and loss in a structured and creative format. The winning pupils were co-authors and their entries were published alongside the article.

The group's article 'Using a storytelling intervention in schools to explore death, dying and loss', published in the Journal of Public Mental Health, includes this commentary from one of the pupils: "Taking part in the Dying Matters project was at first just another poetry competition. However, when we spoke at the conference, it brought a new perspective on what death meant to others and how important it is to talk about it. After the conference, I started talking to my parents about how we can help them when they get older as a family. We also discussed our wishes for after each of our deaths, including mine if I die before them. It has been such an interesting project that has explored a topic that most people vehemently avoid."

"I think that this was such an important piece of research because it freed up the resistance that adults have in trusting young people to be allowed to talk about their experience of death and dying. The quality of the entries speaks for themselves and for the loved ones."

Pam Fenner
Chair, Norfolk and Waveney NHS Palliative and End of Life Collaborative.

Patient Representation Jane Shuttler works closely with the Palliative Care research group as a volunteer and was at the Dying Matters event where pupils read their submissions:

"Adults often opt to shield children from discussions around the inevitable advent of dying and death, due to feelings of discomfort. It was refreshing to see the children's confidence in using the terms dead, death and dying without reverting to euphemisms commonly resorted to by adults. The language used was contextual to their story, not used for dramatic effect. This was supported without question by the standing ovation they received from those who listened to children reading their stories at a Dying Matters event in 2019."

Jane is a volunteer for Healthwatch and a Patient Representative for the Palliative End of Life Care Collaborative and liaised with the school to invite the pupils to present their stories. It is thanks to voluntary patient representatives, like Jane, that we are able to lift up the voices of our local services users, whose valuable contribution helps shape and focus our health and social care research.

"CULTURAL CHANGE, FOR ME, MUST COME FROM OUR CHILDREN AS THEY HAVE THE ABILITY TO CUT THROUGH TRADITIONAL TABOOS AROUND DISCUSSING DEATH, AND BREAK BARRIERS WHEN BROACHING THE TOPIC WITH THEIR LOVED ONES."

JANE SHUTTLER, VOLUNTEER
PATIENT REPRESENTATIVE,
PALLIATIVE END OF LIFE
CARE COLLABORATIVE





PARENTAL & CHILDHOOD OBESITY EARLY PREVENTION GROUP



Lead by Norfolk County Council, the Parental and Childhood Obesity Early Prevention research group (PCOEP) employs a whole system approach to explore and understand issues surrounding parental health to tackle maternal, paternal and early childhood obesity but the group's work has been curtailed in the past year. The pandemic not only presented significant barriers to the collection of information on community assets and attitudes towards obesity management, but also led to group leads Dr Sara Karrar and Sarah Barnes working full-time on COVID-19 testing and outbreak management.

The group's work began in 2019 with a comprehensive assessment of the breadth of local services and community support available to families during and after pregnancy to see where researchers can leverage and expand existing regional services to educate and enable our local community to access a supportive environment to help maintain a healthy weight. This system-wide review of advice on healthy weight for parents and children in wards in Norfolk and Suffolk looks set to inform policy and improve understanding of voluntary support.

Phase one of the project saw researchers visiting communities in Norfolk and Suffolk to hold focus groups and informal conversations with community stakeholders to gather data on community opinion, initiatives and support. Planned work looked to create community asset registers and

provide evidence-based recommendations for a pilot project.

The group had forged a collaboration with C3 Collaborating for Health to support the group's expertise and to work together to use the CHESS tool (Community Health Engagement Survey Solutions) to embark on the next phase of engaging communities and gathering valuable contextual information. This information was to be collected through carrying out targeted surveys and group discussions to enable communities to develop local interventions and to support the group to understand the local community context.

Dr Karrar hopes to regain the momentum that PCOEP had generated prior to the pandemic. "I hope the group will be able to reform very soon and help to develop effective strategies and community initiatives for tackling maternal and early childhood obesity. The whole-system approach is key to addressing issues of health inequalities and we expect it to improve the understanding of barriers that prevent mothers and their children from living healthier lives".



RHEUMATIC DISEASES ANGLIA RESEARCH GROUP (RADAR)



UEAHSCP's newly formed Rheumatic Diseases Anglia Research Group (RADAR) is a collaborative initiative of clinicians specialising in rheumatology to develop new opportunities to initiate regional-centred research. Placing local needs at the centre of the group's focus areas, researchers aim to improve the standard of care for service users in our region.

Over 30 years, the Norfolk Arthritis Register's (NOAR) observational study into the cause and outcome of inflammatory polyarthritis has accumulated a wealth of data and research into arthritis and related conditions. Using the model of NOAR, the research group will expand the recruitment of participants to allow for the comparison of outcome of patients living with musculoskeletal disease across our region to achieve improvements in care, engagement in research, and shared learning.

Throughout the pandemic, NOAR has been providing insight into the impact of social isolation in inflammatory diseases and those who are immunosuppressed. This collaboration will enable practice innovation studies as well as building upon timely research around the impact of COVID-19.

In support of the group's overall vision for ambitious research, leading clinicians and academics from seven UEAHSCP partner organisations have identified several key focus areas centred on regional health challenges, including inflammatory rheumatic disease, improvement in the speed and accuracy of diagnosis, a review of patient quality of life measures, and health inequalities.

The group's first collaborative project has begun to identify and collate all available data on the use of drugs in the treatment of rheumatology in secondary care in the region. Outputs will include an assessment of the regional differences, a proposal for policy alignment across the region and methods for improving treatment and reducing costs in this area.

NOAR researchers have also carried out pilot work investigating cognitive decline and causes of frailty in ageing groups, applying new imaging methods to examine muscle changes in patients with chronic inflammation. The strength of the collaboration will enable this work to expand across the region and to address new research challenges.

"There are great untapped resources in our region and this is a fantastic opportunity to link together to deliver cutting edge clinical research which would be to the benefit of our patients and the wider NHS"

Lauren Steel, Consultant Rheumatologist, ESNEFT



WORKFORCE SUSTAINABILITY GROUP



The global COVID-19 pandemic has been an exceptionally challenging period for us all, but even more so for health and social care professionals who have supported critically ill patients as well as maintaining quality care for many individuals requiring ongoing medical attention. The pressure of working under such circumstances inevitably takes its toll on workforce wellbeing and welfare, especially for frontline workers; ensuring access to psychological support and interventions is a pressing priority for the sector.

The Workforce Sustainability research group's core focus is to work closely with service users, health and social care staff, and the wider community to promote sustainable processes and policy to enhance staff health and wellbeing, and to adapt and provide new approaches to foster a mentally healthy workplace.

Presently, the group is working on two major areas of activity:

1. An analysis of novel methods for supporting the health and wellbeing of new recruits to the health and social care sectors
2. Developing a large-scale research study to explore the value and impact of mindfulness training programmes.

As the pandemic unfolded, the group's research runs across several regional health and social care workforces, responding to rapidly evolving situations:

- Undertaking a rapid systematic review to understand how to support the wellbeing of health and social care staff during pandemics where staff are exposed to a higher rate of patient death and a changed manner of death (no or reduced family contact, providing end of life care in full PPE);
- Re-purposing an existing study on ambulance staff wellbeing (funded by Health Education England and led by Yorkshire Ambulance Service) to capture the impacts of COVID-19 on wellbeing and whether staff are finding the mental health support programmes of value, through in-depth interviews with staff and a national survey open to all 40,000+ staff in the NHS ambulance sector;
- Translating the evidence on how to reduce the risk of suicide amongst ambulance service staff via Prof Sanderson's role on a national working group, commissioned by the Chief Allied Professions Officer Suzanne Rastrick and convened by NHS England/Improvement and Public Health England.

A new doctoral project is exploring how to make mindfulness training accessible and cost-effective for primary care staff through a feasibility study of a stepped-care approach.

Another priority for the group is sleep health. Already a severe problem among health and social care staff, sleep habits have worsened due to the stress of pandemic working conditions. The scope of the problem is vast, with 78% of regional health and social care staff reporting poor sleep quality, 69% of shift workers reporting severe fatigue, and 56% of day workers. Poor sleep habits are very common across the board, especially in individuals under 30 years of age. Of the 1 in 5 staff living with a mental health condition, 90% report enduring poor quality of sleep. 70% of staff reported for shift work with inadequate rest beforehand, presenting a significant risk to staff and service users.

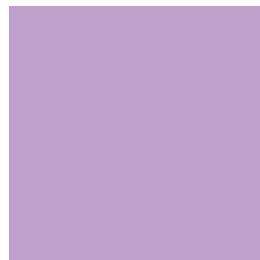
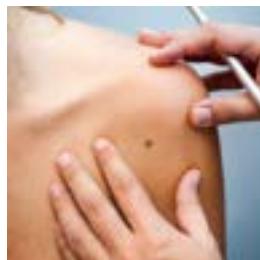
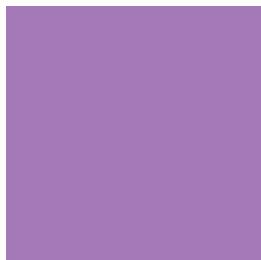
The group's research looks to provide evidence to support the implementation of a public health approach to improve sleep and fatigue management in staff. The SleepSmart study works closely with the ambulance sector workforce, looking at the shift patterns of ambulance staff, and exploring potential health and delivery innovations that could improve health and wellbeing. The research seeks to produce an ambulance staff wellbeing research programme and seeks to improve sleep quality and alertness in front-line ambulance staff for safer patient care through conducting a randomised controlled feasibility trial of a wearable bright light therapy.

Research Group Lead Prof Kristy Sanderson has been leading thinking on workforce development and innovation and has raised the group's national profile significantly. She has led presentations on the theme of sleep, fatigue, and wellbeing to several audiences and has provided advice for training managers to create positive healthy environments.

With meetings heavily disrupted by the pandemic, the research group is now starting to look ahead to intervention options in the workplace for supportive practices for women experiencing menopause and involving families of workers in supportive health practices.



INNOVATION PROJECTS



From rapid COVID response projects, to practitioner CPD and supporting young people's health and wellbeing, our innovation projects cover an array of regional health and social care priorities.



EVALUATION OF THE NEW DIGITAL-ENABLED REFERRAL SERVICE FOR DERMATOLOGY

UEAHSCP has supported a new digital-enabled dermatology referral service to be established in primary care and has the potential to be used more broadly across other specialities. The service will be established as a long-term trial designed to meet several objectives, including the creation of a feedback loop that provides learning to GPs to improve future treatment and referral outcomes. UEAHSCP will undertake an independent evaluation to test whether the service has delivered on the agreed objectives and outcomes.

Before 2021, digitally-enabled, tele-dermatology had been piloted in some primary care practices in the study area but was not integrated into the acute referral process. Interest developed to deploy an innovative technology solution as part of a whole-system pathway redesign programme which aligned well with the NHSE 'Transforming Elective Care' programme. The project will utilise the Cinapsis digital referral management platform to track secondary care feedback and to enable swift and reviewable dialogue between secondary care and primary care clinicians.



The dermatology consultant support will be provided by Independent Clinical Services (ICS) in the first instance but with the aim that the service is 'handed back' once a sustainable service has been achieved. The relationship will be one of dialogue and support with GP referrals through the digital platform to the secondary care specialist, who will provide support and/or a management plan for the patient.

Roll-out commenced in early 2021 across six North Norfolk practices and is extending across Norfolk and Waveney throughout 2021. The outcomes and learning will be widely disseminated with the system expanded to other disciplines in due course.

"We are delighted that this study has been supported by UEAHSCP. The major benefit of the study is the independence of the evaluation which promotes confidence and credibility of the service to users of the service including GPs, nurse practitioners, secondary care consultants and commissioners. The study will enable learning and support for the development of similar projects which will use the same technology and framework."

Amy Crawford
Programme/Service Lead, North Norfolk Primary Care

HEALTH AND SOCIAL CARE PROFESSIONALS BENEFIT FROM ONLINE MBA

UEA Health and Social Care Partners teamed up with colleagues at the Norwich Business School to promote a new 5-day, online MBA Essentials for Health Sector Professionals Executive Education programme.

The programme is delivered over five one-day workshops focusing on each of the learning units. A variety of blended and participative learning styles and methods is to ensure all delegates are able to contribute and interact with fellow professionals to nurture collective understanding, knowledge-sharing, and ideas-generation.

So far, 19 delegates have completed the programme, with 90% of attendees reporting having put course learning into practice during the programme and immediately after.

Completing the course qualifies delegates for a UEA Executive Education Certificate: 'MBA Essentials for Health and Social Care Sector Professionals'.

The programme is suitable for experienced health and social care professionals: Senior/Executive Managers, Clinical staff, Technical staff, Administration Managers, Ward staff, Business Managers, GPs, Dentists, Nurses, Practice Managers, Caseworkers, Department and Functional Managers, Paramedics, ODPs, OTs, Dental Nurses, and many others.

'A thought-provoking course with a vast amount of knowledge and experience cascaded to the group from all tutors. Working with colleagues in our system and sharing our challenges and ideas was very beneficial.'

'The course gave me a fresh perspective on leadership and management, and I have developed some different strategies in managing a change project. The networking opportunities have been fantastic, and I have made some valuable links with colleagues at, not only my own Trust, but other organisations.'

Online MBA delegates

Email mbateam@uea.ac.uk
to learn more

"THE COURSE GAVE ME A FRESH PERSPECTIVE ON LEADERSHIP AND MANAGEMENT, AND I HAVE DEVELOPED SOME DIFFERENT STRATEGIES IN MANAGING A CHANGE PROJECT. THE NETWORKING OPPORTUNITIES HAVE BEEN FANTASTIC, AND I HAVE MADE SOME VALUABLE LINKS WITH COLLEAGUES AT, NOT ONLY MY OWN TRUST, BUT OTHER ORGANISATIONS."

ONLINE MBA DELEGATE



UNPLANNED OUT OF HOSPITAL BIRTHS EVALUATION PROVIDES VALUABLE INSIGHTS AND RECOMMENDATIONS

UEAHSCP supported a collaborative service evaluation to explore the factors associated with unplanned out of hospital births, including decision-making about when to come to hospital in labour.

The evaluation was conducted by NNUH, EEAST, and UEA, with thanks to Maternity Voices, the service users who told their stories, and the midwives and ambulance crew who agreed to share their experiences and knowledge.

Researchers conducted a literature review prior to gathering experiences from regional service users, ambulance staff and community midwives via online interviews and assessing information provided to pregnant women by local providers. Service users, ambulance staff and midwives were also given the chance to provide their valuable insights which lead to identification of beneficial service changes.

Key recommendations included:

- Regular check-in calls between women in early labour with planned home births and their midwife
- Provision of face-to-face, interactive opportunities for preparing for birth to allow service users to ask questions
- Clear advice about when to call in labour should be provided to all women, including multiparous women, and discussed at antenatal appointments
- Consider guidance for maternity staff on receiving women from ambulance service to ensure a smooth transition
- Enhanced guidance to enable timely support in transferring women in labour from the ambulance service to maternity services
- Further training for paramedic staff in managing complicated births

You can read [the full report here](#).

Our report explores the stories and experiences behind the number of births that occur unexpectedly out of hospital in Norfolk. The workload of midwives, the advice women receive about early labour, and prehospital care by ambulance services are discussed.

Professor Kenda Crozier
Professor of Midwifery, University of East Anglia



**THE LOCAL MATERNITY
TRANSFORMATION PROJECT CONTINUES
WORKING COLLABORATIVELY ENSURING
FUTURE CARE FOR BETTER BIRTHS**

PROF KENDA CROZIER, PROFESSOR OF
MIDWIFERY, UEA

SCHOOL-BASED INTERVENTION SET TO SUPPORT ANXIETY IN CHILDREN

Rates of mental health difficulties in 5 to 16-year olds are increasing, with estimates suggesting that one in six children in this age group in 2020 had a probable mental health disorder compared with one in nine in 2017 (NHS Digital, 2021). The COVID-19 pandemic meant that face-to-face interventions were restricted to those in most need. The need to work across the system and across organisations to ensure children and young people get the best care at the right time has never been more important.

Mental Health Support Teams are beginning to support schools nationally to adopt whole-school mental health approaches as well as offer interventions for children, young people and their families where low-intensity evidence-based interventions might benefit. With the implementation of such teams across the country likely to take some years, it is important to consider how small-scale projects can demonstrate how we can support children and young people in their educational environment. This approach may also inform how best to support and offer treatment to young people within a school setting.

Arising from the 2019 Young People's Mental Health conference, the Talking Mental Health (TMH) project arose through the dedicated work of staff in Nebula Federation schools to support primary school pupils and their families address anxiety as early and effectively as possible.

Nebula Federation staff have a unique role within the pathway for identifying and treating young people with emerging mental health difficulties and maintaining trusted relationships with both the young person and their family. Nebula staff members believe they have seen an increase in parents and carers seeking support from the school for children who are experiencing mental health problems, particularly anxiety. If left untreated, mental health problems in children can lead to an inability to focus on schoolwork or emotionally regulate, which impacts a child's learning progression.

TMH aims to develop engaging training resources and sessions to upskill school staff to support programmes for pupils and to implement strategies for parents and carers to support their child's mental health. NSFT and Ormiston Families are part of the project team working to deliver training sessions, including using Parent-Led CBT effectively to reduce levels of anxiety in their children.

Nebula Federation's Ashley Best-White, Executive Head Teacher, and Natalie Brown, Pastoral Manager, on the core aims of the intervention: "Talking Mental Health is a collaborative, sustainable, early intervention to support children's mental health. Using the Parent-Guided CBT approach, we can work with parents to guide them through adopting strategies, working with their child to manage behaviours, regulate emotions, and change their way of thinking about anxiety."

"Our project aims to embed training and awareness across the Federation to improve and maintain mental health, offer high-quality interventions at the earliest possible opportunity, and avoid onwards referrals to external agencies, therefore reducing the strain on services."

- The Nebula Federation's Ashley Best-White, Executive Head Teacher, and Natalie Brown, Pastoral Manager

Researchers, supported by UEAHSCP and the NIHR East of England Applied Research Collaborative have been using implementation theory to optimise the delivery and adaptation of this intervention into the schools. They also seek to evaluate this model and share learning on how this approach can be translated and adapted to educational settings and delivered by pastoral staff in other settings.

Due to the COVID-19 pandemic, the team has had to adapt to an online method of delivery and pause the project at times throughout 2020. However, since then they have successfully continued to train and supervise pastoral staff and collect data ready to report on implementation, experience and clinical outcomes by Autumn 2021.

They plan to have completed 11 pilot cases and will synthesise themes from case studies, analyse clinical outcomes, evaluate implementation outcomes and, most importantly, assess the experience of parents/carers and the pastoral staff facilitating the intervention. The project team are meeting with other agencies, including Suffolk County Council, to share learning and consider wider roll-out of the project.

To date, TMH has supported eight cases with a further three cases in progress. Their mid-point surveys with parents/carers and pastoral staff delivering the intervention suggests that the intervention has been beneficial to all involved, children and young people have benefited, and pastoral staff have delivered the intervention with good adherence. Their review of implementation factors using Normalisation Process Theory also suggest that we have developed near-optimal conditions for successful implementation in this context.

This is a great example of how organisations across the system including UEAHSCP, Nebula Federation, Ormiston Families, NSFT, and the East of England Applied Research Collaborative can realise an ambition and implement sustainably.

One parent commented that "this whole process has helped me understand my child better and we have a new way of communicating."



MORAL HARMS STUDY

The COVID-19 pandemic has presented health and social care professionals and policymakers with difficult decisions that resemble the 'sacrificial dilemmas' studied in moral psychology and philosophy.

For example, limited equipment, medication or PPE require choices that risk 'moral injury', the result of acting in ways that transgress one's deeply-held moral standards. The consequent psychological distress is associated with PTSD symptoms, burnout and attrition of healthcare professionals. Clinician burnout and depersonalisation can increase patient safety incidents twofold and lower low-quality care and patient satisfaction ratings (Panagioti et al, 2018).

Led by Associate Professor Martin Doherty from UEA's School of Psychology, the study looks to inform policy and practice by examining what people consider to be right and wrong when faced with these ethical dilemmas.

"The pandemic has placed unprecedented stress and pressure on health and social care professionals and new ways of working have compelled individuals to make rapid decisions which will impact their moral framework and challenge their existing values."

Associate Prof Martin Doherty
Senior Lecturer, UEA, and Moral Harms project lead

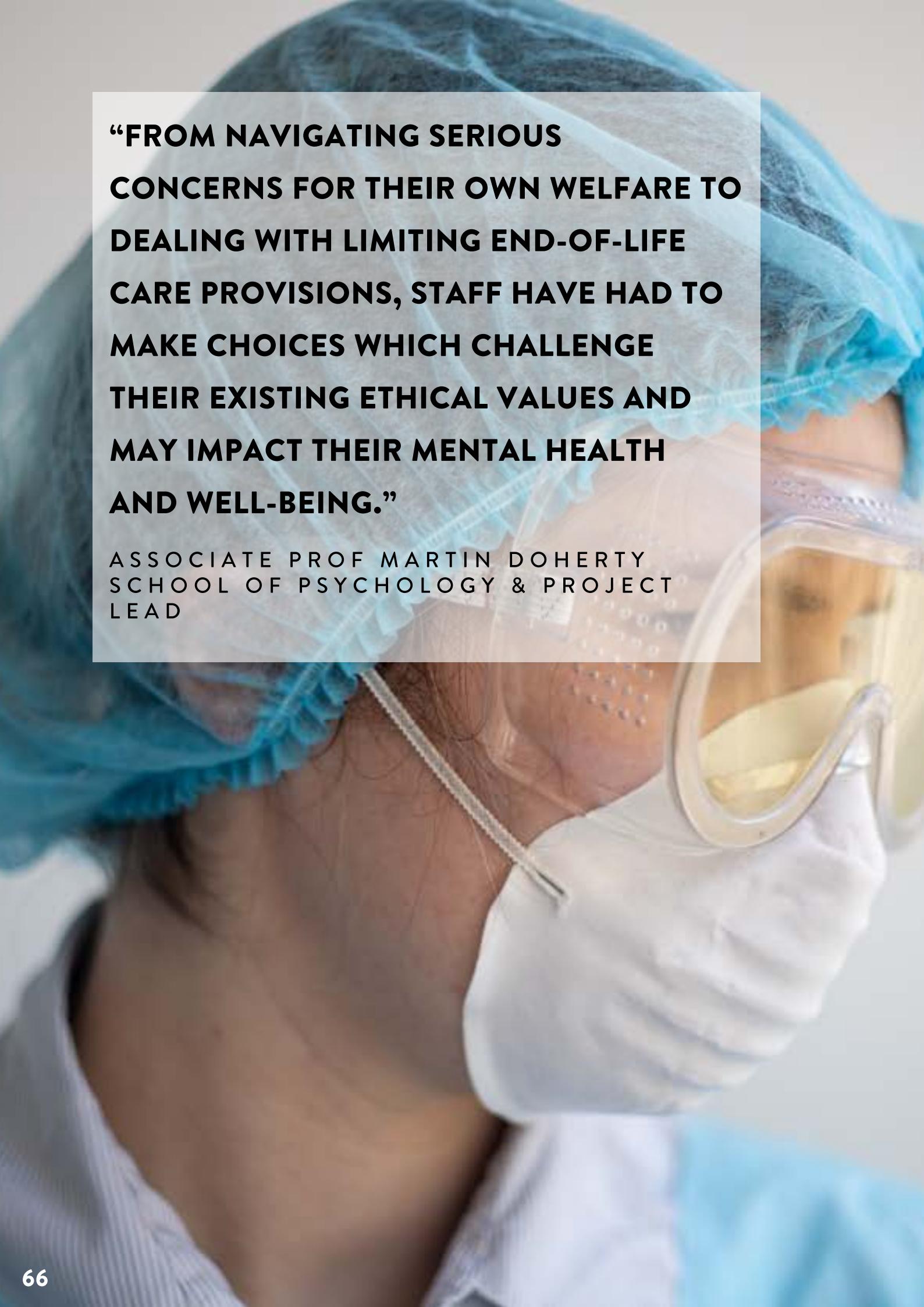
In some situations, people base their moral judgements on utilitarian principles (e.g. to save the maximum number of lives), but in other situations, they judge according to moral norms regardless of consequences.

The team developed a questionnaire that captures dilemmas faced during the pandemic. They include decisions about equipment assignment, medics' preparedness to work when lacking PPE, paramedics' adherence to guidance not to resuscitate patients, admission of recovering patients to care homes, the authorisation of relatives' visits to dying patients, and the use of a vaccine with potential side-effects.

The questionnaire has been developed over an iterative pilot phase with 200 participants, followed by the first of two studies with a planned total of 600 participants. The second study will include an Italian sample which will look at the decisions made during the initial, overwhelming demand on the Italian health service in early 2020.

It is predicted that the perceived severity of the situation will result in a greater willingness to accept utilitarian moral choices. The team have also agreed with the Hokkaido University in Japan to translate and administer the survey there.

The project's long-term aim is to inform healthcare policy, practice, and education about clinicians' moral beliefs, and the impact of decision-making in the face of competing ethical principles.



“FROM NAVIGATING SERIOUS CONCERNS FOR THEIR OWN WELFARE TO DEALING WITH LIMITING END-OF-LIFE CARE PROVISIONS, STAFF HAVE HAD TO MAKE CHOICES WHICH CHALLENGE THEIR EXISTING ETHICAL VALUES AND MAY IMPACT THEIR MENTAL HEALTH AND WELL-BEING.”

ASSOCIATE PROF MARTIN DOHERTY
SCHOOL OF PSYCHOLOGY & PROJECT LEAD

AI-DRIVEN WEB TOOL LOOKS TO AUTOMATE CHEST X-RAY DIAGNOSIS

UEAHSCP is supporting a call to help improve scanning capability with a unique new UEA web platform for automated chest X-ray diagnosis of bacterial, viral and COVID-19 specific pneumonia.

Ongoing developments in artificial intelligence could considerably improve diagnosis and treatment in healthcare. This collaboration will enable practice innovation studies as well as building upon timely research around the impact of COVID-19. Chest X-rays are one of the most common and effective methods of triaging patients with suspected pneumonia. Amid the current COVID-19 pandemic, it is an invaluable tool due to the rapid saturation of lab capacity required for other testing methods.

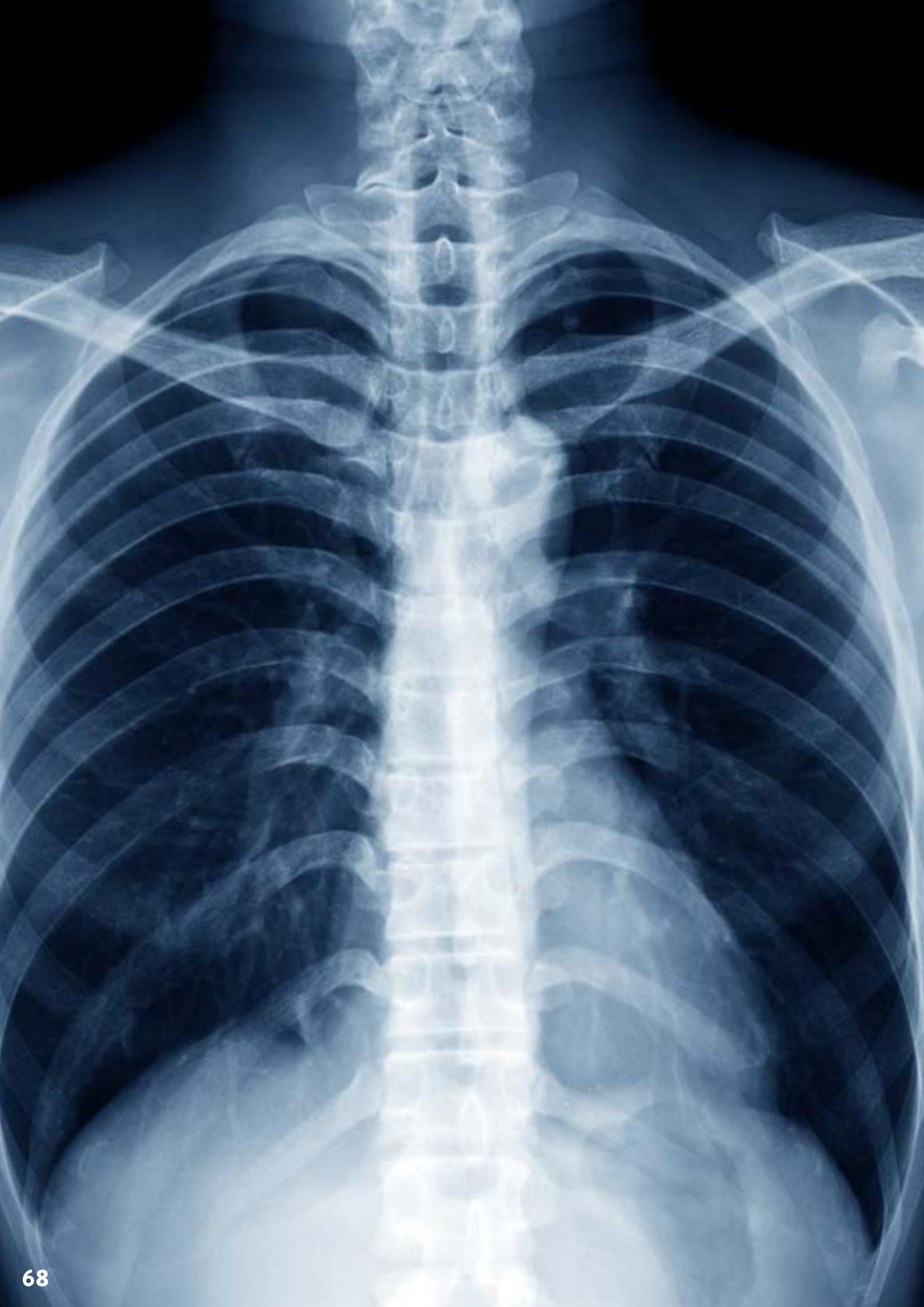
Led by Dr Saber Sami at UEA's Norwich Medical School, researchers have developed an online machine learning solution to COVID-19 chest X-ray diagnosis, available at <https://icdt-app.herokuapp.com/>.

Based on uploaded scan data, the AI model is capable of categorising patients into four different categories: COVID-19, Bacterial Pneumonia, Viral Pneumonia, and Clinically Normal.

The model is built on a deep convolutional neural network (AI algorithm) that extracts image features and then makes predictions based on the features extracted. The upload method is very easy and just needs a jpeg image to be uploaded. There is no stored personal data within the current process. Results show that with limited training, accurate multi-class detection can be achieved, with world-leading accuracy and a system response time of fewer than five seconds from upload. The algorithms' decision-making is powered by visualising regions within the image most important for diagnosis.

UEAHSCP supported the website development and assists in promoting the tool through additional stages of development and clinical testing.





NORWICH TESTING INITIATIVE

DELIVERS AWARD-WINNING COMMUNITY ASYMPTOMATIC TESTING PROGRAMME TEMPLATE

The Norwich Testing Initiative (NTI) began as a pilot proof-of-concept study in the summer of 2020 to test the logistical format and technical requirements needed to deliver a regular COVID-19 asymptomatic testing programme. The findings from the pilot study, phase one, formed the template to build a broader programme of testing, using proven methodologies that are were published in the Journal of Public Health.

Voluntary participants self-administered nose and throat swabs from home twice weekly, dropping off samples at collection points across Norwich Research Park (NRP), which were analysed at Earlham Institute laboratories. Earlham Institute reported that most samples were processed within 24 hours, with some participants receiving a result just nine hours after dropping their sample off. No positive samples were detected during this initial study.

The pilot project was delivered by leveraging expertise across NRP through collaborating with the Earlham Institute (EI), UEA, NNUH, the John Innes Centre, the Quadram Institute, and The Sainsbury Laboratory. Sample analysis was carried out at EI and UEA labs with project management and support from UEAHSCP. The initiative reported into Public Health England and involved close liaison with officers in the Norfolk Public Health team.

Funding for the pilot came from the organisations involved and with support from a regional foundation.

The core project management team, led by UEAHSCP, oversaw a variety of complex elements including the development of an app for participants to register their details and receive their results, communicating to staff and students across NRP, sourcing of swabs and testing equipment, logistical arrangements for testing collection sites and guidance to self-swab, sample processing within 24 hours, secure data management, and project evaluation and report.

Using the learning from phase one's pilot study, phase two produced a robust template for establishing community testing, taking advantage of regional knowledge and infrastructure, and readied our community for the second surge of cases over winter. With students returning onto campus in autumn 2020, phase two saw UEA continuing to work closely with the Earlham Institute and NNUH to provide mass community voluntary asymptomatic testing to students and staff to provide reassurance to our students, staff, and local communities, and to reduce transmission on campus. The initiative successfully slowed transmission on the park by testing frontline staff groups and prioritised testing of placement students ahead of visits to health, care, and education settings.

Prof Dylan Edwards, Pro-Vice-Chancellor of UEA's Faculty of Medicine and Health Sciences, said: "Testing is voluntary but strongly recommended, especially if people are living, working, or are regularly visiting our campus. Based on initial expressions of interest, we think this is something people will be interested in to help keep themselves and the community safe."

The outstanding efforts of the NTI provided a template for others looking to introduce a programme of asymptomatic population testing, and the leadership team were invited to join a network of 'testing universities' to share data on transmission trends and to lobby government for an enhanced approach to using valuable facilities in regional COVID-19 plans. Phase two also saw partners working closely with NNUH to assist with the rollout of LAMP testing for NHS staff across Norfolk.

Between September-December 2020, phase two saw 8,000 registrants, 6,650 individuals tested, 11,200 tests run, ~65% ease of self-swabbing, 191 positive tests, and only 31 inconclusive results. To date, 67% of positive cases either had COVID-19 symptoms or were isolating in the belief they may have been infected. An evaluation of phase two was published in the Oxford Journal of Public Health.

The University went on to employ the government-led lateral flow testing programme in December 2020 and UEAHSCP has lent its support to Norfolk Public Health and several schools and colleges in the region to either access tests at UEA or build on the learning gained to assist in community roll-out. The team have also briefed Norfolk MPs and government ministers on the programme and to inform future government testing programmes.

In total, 15,000 tests were run to Christmas 2020 with the potential for almost 50,000 more to be run across lateral flow and PCR platforms in 2021.

COVID-19 testing has since been radically scaled up since the start of the pandemic, with cheaper and quicker tests developed, and labs across the country are now in a far better position to contribute to the national effort.

Results from the NTI helped to inform how coronavirus community surveillance testing might be targeted in response to localised outbreaks of the virus as well as providing a template approach for others to adapt and apply in their regions.

Between September and December 2020:



**THE NATIONAL TESTING SYSTEM HAS
FOCUSED ON SYMPTOMATIC TESTING,
BUT WE WILL BE COMPLEMENTING THIS
WITH THE TESTING OF PEOPLE WITHOUT
SYMPTOMS TO PREVENT THE SILENT
SPREAD OF THE VIRUS**

PROF DYLAN EDWARDS
PRO-VICE-CHANCELLOR, UEA



In April 2021, the Norwich Testing Initiative was awarded the Chancellor's Award for Outstanding Achievement at UEA's annual Innovation and Impact awards – a sincere thank you, and congratulations, to all our collaborators who came together to make this important project such an example of successful and innovative leadership across our region.



FREE ACTIVITY PROGRAMME CARES FOR CHILDREN OF ESSENTIAL WORKERS

In April 2020, during the first peak of the pandemic, UEAHSCP partnered with the UEA Sportspark to design the provision of a free, socially distanced, extended-hours activity programme for the children of Norwich-based partnership staff, providing creative and physical activities for school-aged children.

The activity programme was open to children aged 5 to 15 years old, whose parents are key workers at NNUH, NSFT, and NCHC; it ran between the extended hours of 8 am - 8 pm Monday to Friday, with over 80 children attending, freeing-up over 16,000 hours of NHS staff time.

Louise Cooper, a Radiographer in the Breast Imaging Department at the NNUH had two children who attended the scheme. She said: "I cannot express how valuable the Sportspark has been to me and my family. Not only has it allowed me to come to work and contribute to fighting COVID-19, but it has also meant I can feel happy that my children are experiencing fun and normality during this strange time."

"The staff are amazing and the children cannot wait to get there in the morning, looking forward to all of the wonderful activities they have organised for them. I cannot thank all of you enough. It has been the saving grace for our family."

Thanks to funding from Santander in June 2020, the programme was able to continue for free throughout the summer and beyond. Despite many schools opening again in summer 2020, many had restricted capacity and guidelines at the time meant essential workers were unable to use former caring arrangements.

The activity programme continued to run until the summer when the Sportspark reopened. The programme restarted during each subsequent school holiday period in 2020 and 2021 and, as a result, the Sportspark and UEAHSCP were awarded a UEA Engagement Award in June 2021.

"I'm delighted that our state-of-the-art SportsPark facility was able to transform our services during a time of great upheaval to provide vital support to essential workers."

Mark Heazle
Head of Sport & Physical Activity
Development, UEA.



**"PARTNERING WITH UEA
HEALTH AND SOCIAL CARE
PARTNERS HELPED TO LINK US
DIRECTLY TO LOCAL HEALTH
AND SOCIAL CARE WORKERS
SO WE COULD ENSURE WE
PROVIDED MUCH-NEEDED
CARE FOR THEIR CHILDREN."**

MARK HEAZLE
HEAD OF SPORT & PHYSICAL
ACTIVITY DEVELOPMENT, UEA

UEAHSCP SUPPORTS ESTABLISHMENT OF REGIONAL HEALTHY AGEING INSTITUTE



Healthy Ageing has been identified as one of the partnership's research priorities and we look forward to supporting Norwich Institute for Healthy Ageing as a major tool in helping to achieve better outcomes for all. NIHA is an ambitious new research entity working to establish itself as an international centre of excellence in healthy ageing and disease prevention and early detection of risk, with a focus on the role of behaviour (eating/nutrition, physical activity, smoking, alcohol, sleep, medication adherence, and socialisation) on health. NIHA aims to implement effective strategies to promote sustained population behaviour change to improve physical and mental well-being.

Institute director Professor Anne-Marie Minihane, from UEA's Norwich Medical School, said: "We want to build on our wealth of world-class research in the fields of nutrition, physical activity, smoking cessation, sleep, social activity and medication adherence and lead the way in helping people make healthier lifestyle choices – to flourish and improve their physical and mental health.

"Importantly, we will prioritise, plan and co-produce the research with local communities and local government, commercial partners and policymakers – to ensure that our research translates into real change for better local and wider public health."



An engaging virtual launch event in November 2020 featured informative presentations on health, ageing and innovations in the field, and interactive discussions led by Prof Minihane and keynote speaker George MacGinnis, Challenge Director at Healthy Ageing at UKRI. George MacGinnis is a leading expert in Healthy Ageing and was instrumental in helping to shape UEAHSCP's strategy when we first established the partnership in 2018.

The inaugural partner symposium in February 2021, featured a memorable keynote from Professor Sir Michael Marmot, looking at health inequalities and the increasing demand for health services against a backdrop of funding constraints and an ageing population.

A new series of monthly seminars commenced in May 2021 and will feature scientific and academic content from a broad spectrum of speakers across the areas of healthy ageing. Topics covered include dementia trends and prevention, more effective diabetes control, the benefits of intergenerational relationships and friends, the link between childhood nutrition and well-being, and more.

NIHA will aid ambitious collaboration to support research co-creation and delivery, using a multi-disciplinary and multi-agency approach. It aims to deliver interventions that provide individuals with agency to adopt healthier lifestyles, by modulating the many social, cultural, geographical and economic factors which influence behaviour changes adoption. Within its first six months, NIHA has led applications for over £3.5m of funding, including studies of the links between food consumption and local health and economy outcomes and building community assets for healthy retirement lifestyles.

Prof Minihane notes, that NIHA, with the support of HSCP, is ideally placed to translate the wealth of behaviour-health research and academic findings into improved well-being throughout life, increase healthy life-expectancy, and product and services innovation.

"We are living longer than ever before but we are not necessarily living healthier lives. The average person in the UK spends around 15-20 years living with a clinical diagnosis of a disease, such as type II diabetes or heart disease."

**"WE NEED TO ADD LIFE
TO YEARS ALONG WITH
YEARS TO LIFE."**

PROF ANNE-MARIE MINIHANE
PROFESSOR OF NUTRIGENETICS &
NIHA DIRECTOR



THANK YOU TO OUR PARTNERS FOR A FANTASTIC SECOND YEAR



East of England Ambulance Service NHS Trust
East Suffolk and North Essex NHS Foundation Trust
James Paget University Hospitals NHS Foundation Trust
NHS Norfolk and Waveney Clinical Commissioning Group
Norfolk and Norwich University Hospitals NHS Foundation Trust
Norfolk and Suffolk NHS Foundation Trust
Norfolk Community Health and Care NHS Trust
Suffolk CCG Representation
The Queen Elizabeth King's Lynn Hospital NHS Foundation Trust
West Suffolk NHS Foundation Trust





THE IMPACT OF COMMUNICATION

EMBRACING DIGITAL TOOLS

Navigating the challenges of the past year has taught us just how important clear, accessible communication is.

The pandemic has compelled people from all walks of life to embrace digital technology throughout their everyday lives: from home schooling to keeping in virtual contact with loved ones and joining video calls with colleagues. Many have gained the self-confidence to adopt new digital technology and refined ways of interacting and engaging online.

For UEA Health and Social Care Partners, embracing digital technology has been a strategic imperative if we are to continue working closely with our local and regional partners. We moved our partnership support team meetings and research group meetings online and we found new ways of forging valuable research links.

Through these efforts, we were able to successfully connect even more organisations and open new multidisciplinary teams to support our partners, including critical work that meets the ongoing challenges presented by COVID-19.



Our communications plan is designed to grow a common voice for our region by sharing powerful stories of research success and to position UEAHSCP as an impactful partnership that makes a difference to our community.

We aim to provide consistent information that is high-quality, engaging and impactful, and we foster a sense of community that is collaborative and inclusive. Central to this approach was the launch of our new Quarterly magazine, 'Together'.

This year also saw our e-newsletter give 1,000 subscribers and a growth in activity in our online community on Twitter, Facebook, YouTube, and LinkedIn. We delivered engaging online campaigns around International Nurses Day and International Year of the Midwife, World Sleep Day, World Cancer Day, and Children's Mental Health Week, all of which highlighted some of our region's most accomplished leaders in health and social care and provided a platform to showcase and amplify their work. Through digital technology, we supported six webinars, with more than 500 participants joining.

Looking ahead, we will continue to profile individual and group success across multiple media, including launching a brand-new website in late 2021 and developing new and engaging multimedia content, with an emphasis on bite-size videos and podcasts. Our people are the most important part of the partnership's growth and engagement, and we are looking forward to connecting with many more partnership colleagues in the year ahead.

SOCIAL MEDIA FOLLOWERS

876

DIRECT ONLINE ENGAGEMENTS

7,043

TOTAL SOCIAL MEDIA VIEWS

1.1m



THE TIMES

the guardian

Eastern Daily Press



1,000+

PIECES OF
MEDIA
COVERAGE

Effect of the 2020 COVID-19 lockdown on
long-term health

£1.2 million to roll-out dementia care home
programme to COVID-hit sector

A sports centre opens to care for children
NHS workers

Norfolk scientists saving the world

Norfolk care homes to benefit from £1.2
million project to help deliver better care for
residents

Meet the man with a plan to test everyone
in Norwich for coronavirus

Many care home residents 'are asymptomatic or have atypical
Covid-19 symptoms'

UEA project helps clean more than a
million pairs of hands during virus crisis

FUTURE PLANS

2021 ONWARDS



MARK HITCHCOCK

MANAGING DIRECTOR,
UEA HEALTH AND SOCIAL CARE
PARTNERS

We start our third year as the country slowly emerges from lockdown and starts to consider returning to work, easing social distancing and resuming normal services.

Our efforts in response to the pandemic have helped service users and organisations across and beyond our region. But we now need to put our energy into resuming our project work and returning to our strategic plan to grow ever more meaningful and ambitious research.

If we are to achieve our long-term aims, we will need to further increase the level of staff and service user engagement across the partnership and co-develop all our research plans around the needs of service users and our health systems.

We'll work with partners to renew the three-year agreement that underpins our alliance – an opportunity to review how far we've come and what we'll do to grow towards the next level of maturity.

It will demand that we focus even more keenly on the needs of our local population, the impact of our work, and the value of our resource investment.

And it will lead us to build on our major funding wins by developing the right infrastructure and culture for significant, and repeated, success in securing research funding.

Plenty to do, but, if we see even half the collaborative effort we witnessed in 2020, the partnership should look forward to celebrating further success in 2022.

STRUCTURE AND GOVERNANCE

EXECUTIVE BOARD

Anna Hills
Chief Executive, JPUH

Caroline Shaw CBE
Chief Executive, QEHLK

Prof Dylan Edwards
Pro-Vice-Chancellor of the Faculty of
Medicine and Health Sciences, UEA

Josie Spencer
Chief Executive, NCHC

Lisa Nobes
Director of Nursing and Clinical
Quality, IESCCG and WSCCG

Dr Louise Smith
Director of Public Health, NCC

Sam Higginson
Chief Executive, NNUH

Dr Shane Gordon
Director of Strategy and Research,
ESNEFT

Dr Stephen Dunn CBE
Chief Executive, WSFT

Dr Tom Davis
Medical Director, EEAST

MANAGEMENT BOARD

Dr Antonia Hardcastle
Head of Education, Learning and
Research, QEHLK

Eliska Cheeseman
Head of the Norfolk Office of Data &
Analytics, NCC

Prof Erika Denton
Medical Director, NNUH

Dr Imaad Khalid
Clinical Executive, IESCCG, Suffolk
Primary Care

Dr John Chapman
Consultant Paediatrician &
Transformation Lead, JPUH

Dr Jon Wilson
Consultant Psychiatrist & Research
Director, NSFT

Mark Hitchcock
UEAHSCP Managing Director

Dr Martin Mansfield
Deputy Chief Medical Officer, ESNEFT

Dr Nick Jenkins
Executive Medical Director, WSFT

Theresa Foster
Head of Research, EEAST

Dr Tracy Shalom
Associate Director of Research,
NWCCG

Dr Venu Harilal
Medical Director, NCHC

PARTNERSHIP TEAM

Mark Hitchcock
Managing Director

Heather Judson
Communications and Projects Officer

Joe Fitzsimmons
Projects Officer

Bianca Bianchi
Research Group Support

Sarah Brooks
Personal Assistant to the PVC

Rebecca Stothard
Communications Intern

APPENDIX

ASSOCIATE ORGANISATIONS

We owe thanks to all of the organisations that have worked with us to help make our second year a successful example of what collaboration can achieve. These following organisations have worked with us on COVID-19-related projects, acted as associate organisations within our research groups, or participated in our events:

Active Norfolk	Kings College London
Anglia Ruskin University	Loughborough University
Ardem and GEM Commissioning Support Unit	Midlands and East Medicines Advice Service
British Telecom	Nebula Federation
C3 Collaborating for Health	NHS England
Cambridge and Peterborough NHS Foundation Trust	NHS Improvement
Cambridgeshire Community Services	Noise Solutions
Children and Young People's Services, Norfolk	Norfolk & Waveney ABI Network
Clover Childcare Services	Norfolk and Waveney Local Maternity System
Earlham Institute	North Norfolk Primary Care Network
East Anglia Medicines Information Service	Northern Health and Social Care Trust
East Anglian Air Ambulance	Norwich City Council
East Coast Community Healthcare CIC	Ormiston Families
Eastern Academic Health Science Network	Prescribing Services Ltd
Health Education England	Quadram Institute
Healthshare	Smoke-free Norfolk
Healthwatch Essex	St Elizabeth Hospice
Hertsfordshire NHS Foundation Trust	St Nicholas Hospice
	Suffolk County Council
	Young Academics

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