



Improving lives **together**

Norfolk and Waveney Integrated Care System

# **Norfolk and Waveney ICS Research and Innovation Strategy 2023-2028**



## Executive Summary

This is the first research and innovation strategy for the Norfolk and Waveney Integrated Care System (ICS). Developed through a series of collaborative workshops, it sets out our collective vision for the next five years.

Our system is made up of a range of partner organisations working together to help the 1.1million people in Norfolk and Waveney live longer, happier and healthier lives. We know there are challenges now, and in the future, for our health and care system. For example, by 2040 our population will grow by over 110,000, with older age groups growing faster than younger age groups. We also know that as we get older our chance of having more than one significant illness increases, resulting in more complex health and care needs.

Research has a central role to play in providing the evidence we need so we can improve services, improve quality, improve outcomes and reduce unfair differences in health outcomes experienced by some people in Norfolk and Waveney. Innovations can transform how people receive care, for example by allowing them to be monitored in their own home rather than stay in hospital.

This strategy sets out four principles- that research and innovation in Norfolk and Waveney will be:

**Focused on our communities**

**Driven by a confident and capable workforce**

**Collaborative and co-ordinated**

**Embedded in everything we do as a system.**

These underpin the way in which partners and stakeholders across our system will work together to drive research and innovation. Fundamental to this is the willingness to work collaboratively, with our communities, with voluntary sector and community organisations, so that people can engage with all stages of the research process. Only by listening to our population will we understand what is important and ensure research is designed with that at the forefront.

The collaborative way in which this strategy was developed demonstrated the strong base of expertise, knowledge and enthusiasm which already exists across our system. We will harness this to ensure we embed our strategic principles and deliver against our goals.

We are looking forward to the next 5 years and are pleased to share this strategy with you.

# What is the Norfolk and Waveney Integrated Care System?

The Integrated Care System (ICS) brings together all NHS organisations, local councils and voluntary, community, faith and social enterprise (VCSFE) organisations, to plan and deliver joined up health and care services for the people of Norfolk and Waveney. Figure 1 illustrates the scale and scope of the Norfolk and Waveney ICS.

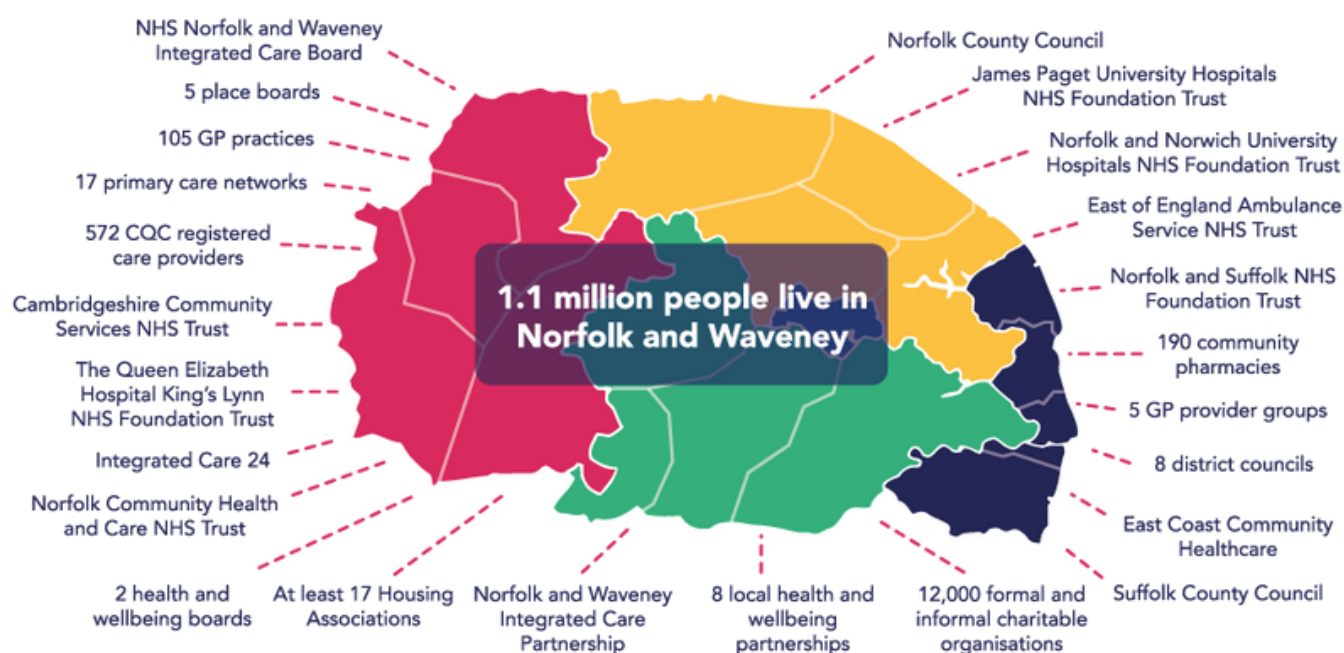


Figure 1 - The Norfolk and Waveney Integrated Care System

This new way of working started in July 2022 and will enable organisations and services to work more closely together. By bringing together partners we can address challenges that the health and care system cannot address alone, for example preventing ill health and reducing health inequalities.

The ICS's mission is to help the people of Norfolk and Waveney to live longer, happier and healthier lives by addressing three goals:

## 1. To make sure that people can live as healthy a life as possible.

This means preventing avoidable illness and tackling the root causes of poor health. We know the health and wellbeing of people living in some parts of Norfolk and Waveney is significantly poorer – how healthy you are should not depend on where you live. This is something we must change.



## **2. To make sure that you only have to tell your story once.**

Too often people have to explain to different health and care professionals what has happened in their lives, why they need help, the health conditions they have, which medication they are on. Services have to work better together.

## **3. To make Norfolk and Waveney the best place to work in health and care.**

Having the best staff and supporting them to work well together will improve the working lives of our staff and means you will get high quality personalised and compassionate care.

## What is research and innovation?

At the outset, we recognise that 'research' and 'innovation' can mean different things to different people. Here, we have set out the definitions of these and other commonly used terms.

◆ **Research:** the attempt to derive generalisable new knowledge by addressing clearly defined questions with systematic and rigorous methods as defined in the UK Policy Framework for Health and Social Care Research[1]. Examples of research include trialling a new therapy or medication, completing a survey, or taking part in a focus group.

◆ **Innovation:** an invention or change that is practical, affordable and reliable and ready to be used. The innovation pathway details the steps needed to take an invention from a prototype, through manufacturing and regulations to a stage where it can be used in the real world. It includes generating real world evidence to find out the impact. If it is positive, the pathway helps to spread the invention for wider benefit.

◆ **Evidence:** facts or information that indicate whether something is true or valid. Evidence can come from a variety of places including, but not limited to, research projects, evaluations, quality improvement projects, audits.

◆ **Evaluation:** a process of investigating a service with the purpose of generating information for local decision making. It is: 'A study in which the systematic collection and analysis of data is used to judge the quality or worth of a service or intervention, providing evidence that can be used to improve it.'[2]

[1]UK Policy Framework for Health and Social Care Research - Health Research Authority ([hra.nhs.uk](https://hra.nhs.uk))

[2]Best Practice in the Ethics and Governance of Service Evaluations <https://arc-w.nihr.ac.uk/Wordpress/wp-content/uploads/2021/02/Full-ethics-guidelines-revised-Nov-2020.pdf>

## Why is research and innovation important?

Research and innovation can provide the evidence base and the innovative tools to help us achieve our system wide goals. It can transform how we deliver care and support better use of resources to address differences in life expectancy, health outcomes and preventable causes of disease. Making full use of the research evidence base when designing and implementing health and care services means they are more likely to benefit our population. Evaluating services helps to identify what works on a local level, so we can focus on providing health and care services which have the greatest benefit.

Research and innovation offer learning and development opportunities for staff, and can help with recruitment and retention, helping organisations to flourish.

Research and innovation takes place in all settings across our system and throughout the life course, from projects investigating the benefits of skin-to-skin contact for babies and parents, to understanding the best way for pharmacists to support the appropriate use of medicines in care homes.

Our local and regional stakeholders (figure 2) play key roles in ensuring research and innovation takes place within Norfolk and Waveney. They work with our system partners (figure 1), from providers of care, NHS organisations, VCFSE colleagues and, importantly, members of the public so that research and innovation meets local needs.



*Figure 2 - Local and regional research and innovation stakeholders*

This strategy is designed to build on and complement the existing good practice that already exists within Norfolk and Waveney, and to work with organisational research strategies to support system wide working across all partners and stakeholders within the ICS. We want to give everyone the opportunity to participate in, and benefit from, the wide and growing range of research and innovation activity within health and care.

## Overarching principles

We have developed this strategy in collaboration with system partners and stakeholders during a series of workshops. Four overarching principles, and corresponding goals, were identified within the workshops, which form the basis of our strategy. The principles are inter-related and co-dependent on each other. All are equally important for research and innovation in Norfolk and Waveney.

### Our four principles

Research and innovation in Norfolk and Waveney will be:

**Focused on our communities**

**Driven by a confident and  
capable workforce**

**Collaborative and co-ordinated**

**Embedded in everything  
we do as a system**

These principles set the scene for research and innovation across our Integrated Care System; one that capitalises on areas of excellence and enhances opportunities where there has traditionally been less research activity.

The following sections discuss each principle in more detail and articulate the goals for 2028 (the end of this strategy period) that sit beneath them, as developed throughout the workshops. Case studies highlight progress we have already made and on which we can build.

## Principle 1: Research and innovation will be focused on our communities

### By 2028 we will:

- Know who our communities are and their needs in relation to research and innovation
- Ensure research and innovation is accessible and meaningful to our communities
- Have approaches in place which support our communities to participate in all aspects of research and innovation.

We know that individuals and communities can benefit from taking part in research, which may include trying a new treatment, learning more about their condition or benefits from being monitored more closely than usual.

We want to make sure that we give our population and communities the opportunity to take part in research, and that the research works for, and is accessible to, our different populations and communities. From working alongside researchers to identify a research question, to volunteering to take part in a research study, right through to helping make sure the results of research are accessible and are used to improve health and care.

Working together, we can build on the work already underway (see case study 1) to develop a culture of shared learning and collaboration. To achieve the best outcomes for our population, our research and innovation must be centred on, accessible to and ultimately benefit the communities that we serve.

### Case Study 1: Working with VCFSE organisations to increase research engagement in Great Yarmouth and Waveney

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Research should reflect the communities which will ultimately benefit from it. There is a recognition locally and nationally that this is not always the case. In December 2022 a group including both Norfolk and Suffolk Community Foundation, the Integrated Care Board (ICB), the Clinical Research Network East of England (CRN EoE) and the University of East Anglia were awarded £92,000 from NHS England. The funds have been used to increase the diversity of those taking part and engaging with research, and to develop a network to support this. The project has focused on working with VCFSE organisations in Great Yarmouth and Waveney, as a diverse Coastal Community. Thirty-six staff and volunteers from 11 organisations have received 'Research Ready Communities' and 'Community Voices' training. This has enabled conversations about research to take place within communities, led by those who know them best. The conversations have been recorded on an 'Insight Bank', allowing us to analyse them and find out what our communities know about research and if there are specific barriers which make people feel unable to take part in research. The information will be used to help make future research more accessible and inclusive.



## Principle 2: Research and innovation will be driven by a confident and capable workforce

### By 2028 we will:

- Know who our workforce are and their needs in relation to research and innovation
- Ensure research and innovation is accessible and meaningful to our workforce
- Co-ordinate approaches for building research and innovation capacity and capability
- Influence partners to embed research and innovation within workforce strategies
- Articulate to our workforce how research and innovation makes a difference across our system.

### We know that providing opportunities for staff to take part in research and innovation activity can:

- Contribute to job satisfaction
- Help organisations to recruit and retain staff
- Enhance the skills of workforce, supporting a culture of continuous improvement and quality services
- Provide an opportunity for further learning to benefit our population and workforce
- Enable individuals to build their career around areas they are passionate about and to explore new areas of interest.

This directly aligns with our system goal: to make Norfolk and Waveney the best place to work in health and care.

By understanding who our workforce are, we can understand their needs, for example training or skills gaps and identify ways to address these. Needs will be different dependent on the organisation someone works in, their role within that organisation, and their individual goals. We will ensure that opportunities to take part in research and innovation activities (see case study 2) are clearly communicated, accessible and meaningful to our workforce.

We want to develop a system which has a positive research and innovation culture, where our workforce is empowered and supported to access the many and varied opportunities to take part.

### Case study 2: Research, evaluation and quality improvement scholarships led by James Paget University Hospitals NHS Foundation Trust (JPUH) and funded by the Norfolk Initiative for Coastal and rural Health Equalities (NICHE) at UEA

This scholarship provides a structured monthly programme to equip our workforce with research, evaluation and quality improvement skills. Scholars design and undertake a project related to their area of work. Following a successful pilot in 2022-23, the programme has expanded to provide 17 places, and is open to clinical and non-clinical staff in health and care organisations across the ICS. Project themes align with ICS priorities, including improving health inequalities.

## Principle 3: Research and innovation will be collaborative and co-ordinated

### By 2028 we will:

- Establish a system-wide leadership forum to drive research and innovation
- Define what good collaboration, co-ordination and communication looks like in research and innovation
- Explore the implementation of shared infrastructure and intelligence to facilitate research and innovation
- Influence national research and innovation organisations to enable collaborative working across the system.

Working as a system creates additional opportunities to collaborate on research and innovation activity across Norfolk and Waveney. Building on and developing existing collaborations, as well as opening up new collaborative opportunities we will develop more efficient ways of working, sharing learning and expertise and reducing duplication.

We have an opportunity to work together to develop our research infrastructure and use our collective resources to address issues that specifically affect our population and communities and meet system wide priorities (see case study 3). This also provides the opportunity to make Norfolk and Waveney an attractive place to do research and implement innovations, so our communities can have access to, and benefit from, inclusion in regional and national research.

Collaboration and co-ordination underpins the other principles outlined within this strategy, to ensure we are sharing learning and opportunities whilst not overburdening our communities; to work together in delivering opportunities for our workforce to grow and develop and learn from each other; and how we embed research across all that we do.

A system wide leadership forum will provide the strategic direction and champion research and innovation across the system. Membership will be broad, including representation from across health and care, universities, the VCFSE community, NIHR infrastructure and our other partners.

### Case study 3: UEA Health and Social Care Partners (UEAHSCP)

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UEAHSCP is a partnership of organisations working across Norfolk, Suffolk and North East Essex to build capacity for collaborative research. The partnership funds early stage, practice-led research and innovation projects, bringing practitioners, citizens, clinicians and academic researchers together. The aim is to improve the quality of services, our workforce and the lives of those within our communities. Current research projects and groups include palliative care, point of care 3D medical printing and children and young people's mental health. The partnership is a fantastic example of how collaborative working can benefit Norfolk and Waveney, as well as spreading good practice across our region.

## Principle 4: Research and innovation will be embedded in everything we do as a system

### By 2028 we will:

- Influence and support partners to incorporate research and innovation into the design, planning and delivery of services and infrastructure
- Support our workforce to understand evidence and how and how it can be used to improve the health and care of people in our communities.

We want to create a system which truly values research and innovation, where the benefits and impacts are shared and promoted across our organisations and within our communities.

Despite the known benefits, research and innovation have historically been seen as an “add-on” to health and care and as a “nice to do” if time allows. The COVID-19 pandemic demonstrated that research and innovation are essential if we want to deliver an efficient, innovative and effective health and care system. If we want to make sure that people can live as healthy a life as possible, we must embed research and innovation in everything we do.

Evidence from research activity, including the full spectrum of audit, quality improvement, evaluation (see case study 4) and research projects must be embedded in the transformation of services and when designing new pathways of care.

We know that each organisation across our health and care system will be at different stages of the journey to embed research and innovation. Our leadership forum will be instrumental in ensuring we share expertise and learning about the ways to approach this. This is not about creating a one-size-fits-all approach to embedding research and innovation across our system partners. It is about supporting each other to embed it in a way that works for individual organisations whilst supporting the wider system goals.

### Case study 4: Evaluation of the Urgent and Emergency Care (UEC) Open Room

The UEC Open Room was a virtual ‘room’ where a small, multi-disciplinary team came together to identify if patients who had called 999 for an ambulance could be more appropriately looked after by other services, for example a community-based falls service. The aim of the Open Room was to relieve pressure on the use of emergency services in Norfolk and Waveney. An evaluation of the Open Room over the course of three months found that 419 cases were treated by a service other than an ambulance. This avoided a conveyance to an Emergency Department (ED) and a potential hospital admission. The collaborative nature of the Open Room enabled effective action and good patient outcomes. These were achieved by focused assessment, available expertise within the system, and identification of appropriate forward care or treatment options that avoided inappropriate conveyances to ED.

The results of the evaluation informed executive level discussions at the Integrated Care Board and directly influenced the future workplan for UEC in Norfolk and Waveney.

## Next steps

This strategy is a starting point for our system. It details the principles and goals we have agreed are important and which we can build on together, focussing on the needs and preferences of our population and the communities in which they live.

We included many of our system partners in the workshops to develop this ambitious strategy and we have aimed to reflect the discussions and harness the collective enthusiasm for strengthening research and innovation in Norfolk and Waveney.

We have taken into account local and national research and innovation strategies and guidance in the development of this document, including the NIHR Best Research for Best Health: The Next Chapter[1] and Maximising the benefits of research: Guidance for integrated care systems[2] from NHS England. We have also aligned the Principles with the Norfolk and Waveney ICS Clinical Strategy[3] and the Quality Strategy[4], both of which recognise the benefits of research and innovation.

There will be challenges in delivering on the goals within this strategy, not least that it is wide-ranging and means we must work across organisations. We will need to be agile to make sure we can respond to national and local changes in direction and policy.

The next step is to use this strategy to develop an operational plan. This will detail the specific actions that we, as a system, can undertake to achieve each of the goals we have outlined. Success will be measured against this plan and monitored and communicated annually through the system wide leadership forum and the quality and safety committee.

We are looking forward to working together to make sure that research and innovation are at the core of how we improve lives in Norfolk and Waveney.

[1] <https://www.nihr.ac.uk/documents/best-research-for-best-health-the-next-chapter/27778>

[2] <https://www.england.nhs.uk/long-read/maximising-the-benefits-of-research/>

[3] <https://improvinglivesnw.org.uk/about-us/developing-our-integrated-care-system/norfolk-and-waveney-clinical-strategy/>

[4] <https://improvinglivesnw.org.uk/our-work/working-better-together/quality-management-approach-qma/>

## Acknowledgements

This strategy has been developed by the Research and Evaluation Team at Norfolk and Waveney ICB over four workshops with input from VCFSE partners, the public, our health and care workforce, local authorities, National Institute for Health Research (NIHR) Clinical Research Network East of England (CRN EoE), NIHR Applied Research Collaboration East of England (ARC EoE), Eastern Academic Health Science Network (Eastern AHSN), colleagues at the University of East Anglia (UEA), the University of Suffolk, Anglia Ruskin University and UEA Health and Social Care Partners (UEAHSCP). We thank everyone for their input and feedback.

## Abbreviations

- ♦ ARC EoE: NIHR Applied Research Collaboration East of England
- ♦ CRN East of England: NIHR Clinical Research Network for the East of England
- ♦ Eastern AHSN: Eastern Academic Health Science Network
- ♦ ECCH: East Coast Community Healthcare Community Interest Company
- ♦ ED: Emergency Department
- ♦ ICS: Integrated Care System
- ♦ ICB: Integrated Care Board
- ♦ JPUH: James Paget University Hospital NHS Foundation Trust
- ♦ NCH&C: Norfolk Community Health and Care NHS Trust
- ♦ NNUH: Norfolk and Norwich University Hospital NHS Foundation Trust
- ♦ NFST: Norfolk and Suffolk NHS Foundation Trust
- ♦ NIHR: National Institute for Health and Care Research
- ♦ QEHL: Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
- ♦ UEA: University of East Anglia
- ♦ UEC: Urgent and Emergency Care
- ♦ UEAHSCP: UEA Health and Social Care Partners
- ♦ UoS: University of Suffolk
- ♦ VCFSE: Voluntary, Community, Faith and Social Enterprise