An Independent Evaluation of Six Higher Education Institutions working to maximise Integrated Care Systems in the East of England

Formative Evaluation Report of activity during 2024/25

FULL REPORT

May 2025

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Acknowledgements

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Abbreviations

EoE	East of England
EPIIC	Eastern Partnership for Innovations in Integrated Care
HEE	Health Education England (now part of NHS England)
HEI	Higher Education Institution
ICB	Integrated Care Board
ICS	Integrated Care System
NHS	National Health Service
NHSE	NHS England
ToC	Theory of Change
UCL	University College London
WDT	Workforce Development Trust

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FOREWORD

NHS England, when formerly still Health Education England (HEE), invested legacy funding in six Higher Education Institutions (HEIs) across the East of England, to maximise utilisation of academic expertise in the adoption and uptake of emergent Integrated Care Systems (ICS). ICSs are driven by the largest legislative changes and were introduced by NHS England who established 42 Integrated Care Boards (ICBs) across England from 1st July 2022 as part of the Health and Care Act 2022. The overarching purpose for introducing ICS models was to:

- Reduce duplication of services
- Minimise delays in accessing treatments and care
- Decrease demand for avoidable hospital-based care
- Promote equal partnerships between the NHS and its wider partners
- Provide an opportunity to develop joined-up personalised care
- Improve user experience and outcomes, through working towards improvements in locality-based health and wellbeing
- Better manage resources, thus providing potential for benefits economically, socially and improved population outcomes.

National strategic direction for integrated health and social care aims to develop a whole systems approach that positions people, their communities and what matters to them at the heart of care delivery, to provide services that are person centred, compassionate, safe and effective with continuity. With a clear vision to maximises use of resources, including the workforce, more effectively across place-based systems (NHS 2016, 2019, 2020). This political direction, further endorsed by experience gained from the COVID-19 pandemic, will be thwarted if the workforce cannot be retained, grown and developed to deliver this future shift vision. Yet, maximum demand for health and care is being challenged with political intervention to put a limit on spend and cut back on resources. Therefore, there is an urgent need to draw upon the strengths and full potential of communities and the health and care workforce to contribute to enabling the system to focus on what matters to people.

Context

The East of England (EoE) spans a wide range of demographic and geographic realities, from the economic affluence and younger populations of Cambridgeshire and Hertfordshire to older and

more dispersed communities along the Norfolk, Suffolk and Essex coasts, where access to services is limited and health inequalities entrenched. Some areas face growing ethnic diversity and migration pressures, whilst other coastal and rural areas are marked by long-standing social deprivation and poor health outcomes, and the increasing impact of climate change (e.g., drought and flooding). These local conditions were taken into consideration to shape how project priorities were identified, who was engaged, and what kinds of partnerships were needed.

Each HEI adapted in response to their demographic landscape and population trends, recognizing that different forms of leadership, engagement and innovation would be needed in different contexts. This embedded understanding of local context ensured that each initiative was shaped by population needs and system challenges, rather than by using an imposed, standardized or externally promoted model. Working with cultural sensitivities also informed how learning and impact were captured, ensuring that evaluation efforts could reflect not just what was delivered, but how and why particular approaches were taken, and what impact they had on which aspects of the population health need (e.g., Dementia in ageing populations, or public health messages to rural and isolated families). Understanding and responding to local context has been central to how each HEI shaped its approach. As a result, each HEI has taken a different approach to their activities, reflecting largely their organisational strengths, care delivery gaps, and workforce developments, which has required longer timelines than anticipated to commence, implement and evaluate a wider variety of project activities.

The Eastern Partnership for Innovations in Integrated Care (EPIIC) model, spotlighted in this evaluation report, is a prime example that shows how collective effort can shape a more inclusive, innovative, and sustainable future (Hardy et al., 2025). It is not just in theory, although our Theory of Change will further inform others seeking to replicate this approach. What is being presented here is a working model that delivers real impact, all achieved within a short time frame, against an unstable backdrop of significant political change and population health challenges. To note, in the findings section that : '*the programme has driven meaningful change that has the potential for long-lasting impact on healthcare systems'*.

Sally Hardy, Professor of Mental Health and Practice Innovation.

Director of the Norfolk Initiative of Coastal and rural Health Equalities, (NICHE) Anchor Institute, University of East Anglia.

Chair of the Eastern Partnership for Innovations in Integrated Care (EPIIC)

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Executive Summary

The purpose of this evaluation is to coordinate six HEIs, working as the Eastern Partnership for Innovations in Integrated Care's, engagement in a unique investment opportunity to achieve greater understanding of the evidence and outcomes of the investment made to the region, as a novel approach to maximising HEIs contributions to support and maximise the Integrated Care System model and associated workforce transformation requirements.

Key messages

- The Eastern Partnership for Innovations in Integrated Care (EPIIC) has co-created a Theory of Change (ToC), which sets clear, ambitious aims, underpinned by a logical path from challenges through inputs, processes & outputs, to outcomes & impacts.
- EPIIC's approach demonstrates innovation and drive for continuous improvement, and is a collaboration with built-in resilience, ensuring that the model is sustainable.
- EPIIC has made considerable progress in responding to and promoting a genuine partnership which aims to fulfil its terms of reference purpose statement, to be '*...a knowledge exchange collaboration across six Higher Education Institutes in East of England, working collectively to evidence innovation that supports sustainable integrated health and care system effectiveness'*.
- A clear foundation and momentum has been created to secure evidence and insights that can help inform change and to establish new operating frameworks between HEI's and health and social care partners, not just nationally, but internationally[1].

Evaluation Aim

For the Workforce Development Trust (WDT) to conduct an independent evaluation investigating the extent to which the EPIIC model is active at local system level, across East of England Regional Integrated Care Systems, and beyond, including project objectives that investigate how this novel approach:

- Incorporates/supports the features of an expected 'Anchor Institute':[2] approach as a national benchmark
- Demonstrates the characteristics of good practice collaboration

[1] "How universities can help identify the right local health policies".
[2] https://www.health.org.uk/reports-and-analysis/briefings/anchors-in-a-storm#lf-section-117951-anchor and https://uclpartners.com/project/anchor-strategy-and-change-network/

- Embraces opportunities to maximise innovation, transformation and continuous development across complex, changing contexts (made even more so by recent reforms to NHS and social care)
- Addresses the barriers/enablers/cultural challenges that arise in working towards aims/outcomes/impacts in this dynamic delivery environment.

Methodology[3]

The evidence and findings gathered at EPIIC / HEI / ICS / project levels, draws from robust research methods which included desks reviews / document analysis; engagement with stakeholders through surveys / focus groups / workshops / interviews; measuring against the principles of effective 'Anchors' and good practice collaboration frameworks.

Headline findings

In modelling what a good Anchor Institution incorporates, EPIIC demonstrates:[4]

- A long-term commitment to the community through a deep-rooted, sustained presence in local areas (with planning in place for sustainable involvement) and the setting of success criteria based on improved health and well-being of the East of England population local.
- Effective collaborative leadership across with HEIs / ICSs focused on driving social equity, diversity and inclusion.
- Evidence of working alongside other community leaders (e.g. third sector / local government / residents' groups) to understand need and drive initiatives that improve health and well-being.
- Sustainable, long-term planning which recognises that health is tied to the local environment and community and the promotion / embedding of learning.
- The importance of HEIs as central and effective 'Anchors' within changing political contexts, addressing local challenges in education and health & social care.

"There is a growing understanding and interest in modern HEIs embracing their civic agenda and working closely in partnership with local landscapes and communities - HEI Stakeholder

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In terms of effective collaborative working, the EPIIC model's successes are identified as:

- Established a clear and shared vision that targets collective aims and objectives plus the required pathways for achieving these.
- Strengthened the growing relationships and trust developed (through mature negotiations) over the past 18 months.

[3] UCL Partners - 'How Strong is your Anchor? A Measurement Toolkit for Health Anchors', produced for NHS trusts and partners, and funded by The Health Foundation - https://haln.org.uk/blog/uclp-measurement-toolkit
[4] https://www.health.org.uk/reports-and-analysis/briefings/anchors-in-a-storm#lf-section-117951-anchor and https://uclpartners.com/project/anchor-strategy-and-change-network/

- A flexible and adaptable approach, that will prove invaluable in addressing the rapidly changing landscape in health and education.
- Demonstrates that effective and efficient communications are in place between and across partners, staff and service users.
- Underpinned by supportive institutions [e.g. HEIs, ICBs. ICSs] that recognise the value of the model and the strength that the collaborative approach brings in terms of its ability to influence policy and affect change.

Addressing the key evaluation themes

A critical evaluation challenge was to identify the extent to which the following themes were being addressed:

- *Innovation* - evidence of strong selection and support mechanisms with effective processes in place which help in choosing, funding, and managing innovative projects within local health systems. Innovation spans workforce intelligence, social value, data modelling, treatment delivery, and patient involvement.
- *Transformation* - evidence of projects that are designed and delivered in a way which supports service delivery; promotes educational innovation and allows for transformation at scale. The EPIIC model demonstrates potential for replication; incentivising new ideas; adding value; empowering individuals and communities.
- *Continuous Improvement* - real commitment to develop and improve, through shared learning and good practice application. The six HEIs are actively engaged in co-creation of the evaluation, with a broad range of assessments driving refinement, change in practice, stakeholder engagement, and dissemination through events and publications.
- *Culture* - organisational differences in values, decision-making, and work ethics require ongoing effort to avoid conflict. "Cultural readiness" is key to collaboration, and progress involves mindset shifts. Balancing organisational roles with collective goals is challenging, but intentional efforts like EPIIC's foster trust, shared norms, and open communication to ensure success.
- *Barriers* - EPIIC has worked well to negotiate governance and trust challenges, establishing these effectively between and across HEIs, ICSs and ICBs, overcoming structural and cultural issues and skilfully manoeuvring through existing rigid structures, system and ontological clashes between innovation and conventional research models.
- *Enablers* - EPIIC itself has been the key enabler of knowledge exchange and mobilisation, through facilitating, sharing ideas and providing joint leadership, enabling the effective governance, strengthened by open and transparent dialogue. Diverse and skilled individuals have helped to maximise opportunities, ensure broad collaboration and provide a compelling narrative and vision.

Recommendations / What next?

Six key recommendations to shape the next phase of evaluation going forward is to build on the experimental phase of EPIIC - that has offered a unique opportunity to forge a new, robust model of Health/HEI collaborative working, through:

1. Opportunities for developing and refining the EPIIC model and tracking its impact longitudinally, therefore crystalising and articulating why the model is a compelling offer.

2. Engaging a continuous review and refine cycle to determine which aspects of the model are working best as the delivery environment changes.
3. Model transferability/scaling by identifying which projects could be/are being replicated regionally, nationally and internationally.
4. Develop dissemination routes that match the high pace of change across integrated care system architecture and governmental reform agendas.
5. Continue to shape a shared approach and language going forward, which can help to break down barriers and impact on organisational cultures
6. EPIIC should work to respond to future challenges which will be faced across the East of England – these include:
    - Primary care and the new workforce and associated training and development needed as a focus for delivering the three shifts.
    - The need to move from siloed professional training in particular care settings.
    - The need for an updated curriculum combined with more out of hospital rotations and clinical placements to expand the generalist skills needed.
    - The need for innovation at scale – with fewer larger projects that could be implemented across the East of England population of 7m.
    - Providing guidance and practical steps to aligning research agendas with NHS service innovation priorities.

In summary

- There is measurable evidence that EPIIC demonstrates critical elements of a good practice Anchor[5] and is built on effective and sustainable multi-agency collaboration.
- The capacity to maximise knowledge exchange is enhanced through this collaboration, as is the opportunity to expand theoretical and practical approaches fostering innovation uptake in an increasingly complex delivery environment.
- EPIIC, the HEIs, ICSs and partners collectively are demonstrating a clear passage from research to impact.

[Impact is not] just quantitative data, but human factor data as well, because evidence of transformational change can come from multiple sources. … multiple system level data at the individual at team, at organisation, at system levels, and what we're trying to do is map where all the activity [is] happening and what the ripple effect is throughout the system - ICS stakeholder

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[5] As captured in the Health Foundation's guidance - https://www.health.org.uk/features-and-opinion/features/the-nhs-as-an-anchor-institution

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Section One: Background

The purpose of this evaluation is to coordinate partners engagement in a unique investment opportunity to achieve greater understanding of the evidence and outcomes of the investment made to the region, as a novel approach to maximising HEIs contributions to support and maximise the Integrated Care System model. How this political shift in emphasis to integration is evaluated, is best achieved through co-production, and through engaging with system wide compassionate leadership (Best et al; 2012; Stromgren et al; 2017).

This report presents the findings from year one of an independent evaluation of East of England HEI/partners progress in working to innovate across integrated care systems. The Workforce Development Trust, in partnership with Get the Data, Economics by Design, and Centre for Health and Justice University of Nottingham, led the evaluation which was commissioned by the University of East Anglia in consultation with the Eastern Partnership for Innovations in Integrate Care (EPIIC).

Context

It is important to provide some context regarding the environment within which service providers are operating in the health and education sectors. This evaluation has been conducted during a period of considerable change and upheaval, which has included the election of a new government; economic instability, and radical transformation plans in both health, social care and education. In terms of the health sector, the last 12 months have been characterised by:

- NHS performance and patient access issues, including elective care backlogs; emergency services strain.
- Workforce challenges in the form of staffing shortages; recruitment freezes and increase reliance on agency staff; training bottlenecks.
- The hangover from the industrial disputes of previous two years
- Financial constraints leading to stringent efficiency targets.
- Declining public confidence with research indicating that there is growing dissatisfaction with NHS and social care services, and increased concerns over GP access and perceptions of inefficiency.[6]
- Recent developments in terms of the impending demise of NHS England and the implications of this and the awaited 10-year plan going forward.

[6] https://www.health.org.uk/reports-and-analysis/reports/public-perceptions-of-health-and-social-care-polling-results

Similar issues have affected the higher education sector which has seen HEIs face:

- Financial instability with projections that 72% of higher education providers in England could be operating at a deficit by 2025–26, with a sector-wide shortfall of £1.6 billion.[7]
- Tuition fees which have remained largely unchanged since 2012, eroding in real terms due to inflation. While a modest increase to £9,535 is scheduled for 2025, HEIs feel this will be insufficient in offsetting rising operational costs.[8]
- Institutional cost-cutting with HEIs implementing staff redundancies, freezing recruitment, and considering mergers to address financial challenges.[9]
- Decline in International Students with a 16% drop in international student visa applications which has significantly impacted university revenues.[10]

In the face of these and wider social, economic and political challenges, the challenge for EPIIC is to demonstrate the efficacy and unique contribution that HEIs can make as Anchor Institutions, through modelling approaches to solving high priority problems, and leveraging innovation, research, knowledge exchange and education functions.

What are Anchor Institutions?

In evaluating EPIIC and the HEI/partnerships, it is important to understand what this might mean in terms of modelling and applying the characteristics and aims of a Health Anchor Institution (HAI). HAIs in England refer to large, typically public sector, organisations (often hospitals, universities, or local authorities) which play a central role in improving the health and wellbeing of communities. These institutions use their resources, influence, and local presence to address health inequalities and contribute to the overall health of the population.

The key aims of Health Anchor Institutions

Focused on NHS trusts and stakeholders, and funded by The Health Foundation, UCL Partners, has developed a toolkit to measure aspects of good anchors, and this guidance has been referenced in identifying some of the key features demonstrated by EPIIC and the HEIs/partnerships. This includes assessment of the following characteristics (amongst others that EPIIC demonstrates), which typify anchor institutions:

- *Generate local economic impact:* Anchors provide employment, often in areas with high deprivation, and can influence local economic development through procurement, investment, and social enterprises.
- *Health and social care integration:* Anchors support the integration of health services with other local services, ensuring that care is more holistic and community focused

[7] https://www.advance-he.ac.uk/knowledge-hub/governance-news-alert-office-students-ofs-financial-sustainability-higher-education
[8] https://amberstudent.com/news/post/uk-higher-education-policy-changes-evolving-student-trends
[9] https://www.thetimes.com/uk/education/article/universities-call-in-consultants-to-stave-off-collapse-n07q05kcd
[10] https://amberstudent.com/news/post/uk-higher-education-policy-changes-evolving-student-trends

- *Community engagement:* Anchors focus on health promotion, offer services to vulnerable populations, and work in collaboration with local communities to address public health challenges.
- *Environmental sustainability:* Many health anchor institutions invest in environmental sustainability initiatives to improve public health by reducing pollution, promoting green spaces, or advocating for better environmental policies.
- *Influence and Advocacy:* Anchors use their position to advocate for systemic change in health and social policies, especially to address social determinants of health like poverty, education, and housing.

These strategic aims are part of a broader approach to make health institutions not just care providers but proactive agents of social change and health improvement.

Summary of the EPIIC Model

Capitalising on the NHSE funding for Integrated Care Systems Anchor Institutions initiative, six HEIs in the East of England formed the *Eastern Partnership for Innovations in Integrated Care* (EPIIC) with the aim of pooling collective knowledge and expertise to add value to regional, national and international health and social care.[11] Its primary aim is to drive innovation which enhances the effectiveness of sustainable, integrated health and care systems. It is guided by a shared vision of making a tangible difference through research and innovation. EPIIC works collectively to bridge the gap between research and real-world impact.

Participating Universities and associated ICSs

At the time of writing this report and undertaking the evaluation the six HEIs, their respective ICSs and partners are captured in the table below.

Table 1. Participating HEIs and associated ICS during 2023-2025.

HEI Anchor Institutions[12]	Integrated Care Systems	E of E locality-based ICS partners
Anglia Ruskin University University of Bedfordshire University of East Anglia University of Essex University of Hertfordshire University of Suffolk	Cambridgeshire and Peterborough Mid and South Essex Hertfordshire and West Essex Bedfordshire, Luton and Milton Keynes Suffolk and North East Essex Norfolk and Waveney	NHS partner Trusts, regional innovation partners including the Academic Health Science Network (AHSN), local authorities, Intensive Care Society, Primary Care Networks, system level leadership, citizen groups and voluntary agencies, charities etc.

[11] EPIIC Terms of Reference
[12] It should be noted that some of the partnerships are not referred to locally as anchor institutions and have adopted new, more appropriate names or have assumed the names of prior projects / programmes

Core Values

The partnership is grounded in a set of core values which includes fostering collaboration to optimise knowledge sharing and application; promoting place-based partnerships that demonstrate measurable outcomes; and expanding both theoretical and practical strategies for integrating innovation into complex systems. EPIIC also prioritises strong stakeholder engagement through effective governance, and is committed to co-producing sustainable, high-quality outcomes that improve health, wellbeing, and equitable access to care. This focuses on three themes of work:

1. *Workforce Intelligence and Transformation* - Focused on developing and adapting the health and care workforce to meet the needs of Integrated Care Systems.

2. *Service Access and Health Inequalities* - Improving equitable access to health services, with targeted efforts to reduce disparities

3. *Innovation for Sustainability* - Exploring and implementing innovative practices that promote long-term sustainability in health and care systems.

Within these themes, EPIIC's objectives are as follows:

Sharing Best Practice

- Creating a collaborative forum to exchange ideas and successful practices as part of an active innovation network.
- Strengthening the collective's position to inform and leverage future funding opportunities.
- Gathering and showcasing evidence of impact and outcomes across diverse areas of activity.

Evaluation

- Jointly evaluating the role of Higher Education Institutions as Anchor Institutes within the East of England Integrated Care System.
- Critically assessing varied approaches to capturing evidence, including qualitative and quantitative data.
- Documenting and analysing economic value, return on investment, and broader social impact.

Knowledge Exchange

- Collaborating as equal partners to disseminate outcomes from shared initiatives.
- Co-creating and distributing accessible outputs such as conference materials, academic publications, and educational content.

EPIIC Governance

EPIIC consists of a committee of representatives from each of the participating six HEIs. It has been initially chaired to date by the Director of NICHE (University of East Anglia) however, there is an intention to rotate the Chair. The committee can determine its own membership, by inviting guests or other members as work develops and / or where additional input and expertise is required, to enable a focus on maximising outputs and impact. The group meets around every six weeks with administrative duties largely shared or undertaken by staff from the HEI of the appointed Chair.

The investment

The original investment for the East of England activities originated from HEE/NHSE and was designed to leverage the 'unique skills and experience' of HEIs to support and enable the ICSs to further achieve their goals through:

- Demonstrating the efficacy and particular contribution of HEIs as Anchor Institutions within forming ICS/ICB structures.
- Promoting opportunities for collaboration to solve high priority problems together and to leverage an innovation, research and education function.
- Tapping into the opportunity to bring those different skills together in a more systematic and focused way.
- Developing a partnership approach which leverages the unique contribution HEIs can make such as:
    - Identifying and modelling innovation
    - Underpinning innovation with credible research and knowledge generation and exchange
    - Orienting research /education to deliver practical outcomes
    - Codifying evidence so that anyone can use it.

Each HEI bid independently for the HEE Legacy Funding, with specific requirements to address the incoming Integrated Care Systems strategic goals and associated workforce reforms. During 2022/3 the initial bids were reviewed and funding allocated equally across the six HEIs, for establishing work as outlined and in close collaboration with local ICS and ICBs.

Section Two: Methodology

The purpose of this evaluation was to coordinate six HEIs, working as the Eastern Partnership for Innovations in Integrated Care's, engagement in a unique investment opportunity to achieve greater understanding of the evidence and outcomes of the investment made to the region, as a novel approach to maximising HEIs contributions to support and maximise the Integrated Care System model and associated workforce transformation requirements.

Procurement process

The University of East Anglia (UEA) has led this evaluation, having to undertake a procurement process which commenced in July 2023 and finalised in December 2023. Reviewing, critiquing, scoring and agreeing a suitable external organisation was lengthy, but a necessary process in determining an independent partner with the necessary skills, vision and shared values to facilitate and steer the evaluation process. The Workforce Development Trust were identified and secured in January 2024, with the challenge to produce a high-quality report with meaningful data, a strong narrative and clear evidence of impact potentials, across a dynamic open complex ecosystem such as health and social care in England.

Critical Evaluation Questions

The critical evaluation questions which this evaluation was challenged to address, were as follows:

1. What activities and approaches are being applied and utilised to enable innovation uptake?
2. How are integration partnerships being leveraged to maximise transformation at local levels and across the East of England Region?
3. What are the perceived enablers and barriers identified by people, communities and key stakeholders and how do this map across other forming, mature and sustainable ICS indicators of success?
4. What shared learning can be distilled for cost effective resourcing of what is needed to support and enable implementation of workforce and system level innovation and for whom (i.e. commissioners through to people and communities)?
5. What features of innovation projects best enable an integrated transformational culture to support adoption of innovation at local system level, and across East of England Integrated Care Systems?

Aims of the evaluation

The evaluation aimed to assess the extent to which programme and project activity were achieving their objectives. It also sought to generate and share evidence to inform ongoing progress; to support stakeholders in shaping meaningful Key Performance Indicators (KPIs) and measures for future summative evaluations; and to refine the programme Theory of Change.

Design of the evaluation

This evaluation used a mixed methods research design, integrating both qualitative and quantitative approaches to provide a comprehensive understanding of the main evaluation

questions. This combination of methodologies allows for more robust analysis, by capturing trends and patterns, as well as contextual and experiential insights that inform them.

Quantitative methods included the use for example, of administrative data, online surveys and other project specific primary data collection. Alongside this, qualitative methods (interviews, focus groups, workshops and thematic analysis) were employed to explore deeper perspectives, meanings, and lived experiences related to the evaluation focus and the individual projects.

Data collection and analysis were conducted in alignment with ethical research principles, ensuring rigour, transparency, and participant confidentiality throughout the process. In underlying this, an ethical statement for approval, was supplied to and granted by UEA.

The design was co-produced with the members of EPIIC and draws in the views and ideas of project level stakeholders. It was designed as a formative evaluation to monitor, assess and support improvement of the overall programme and the delivery in the respective areas and of individual projects, or during development or implementation. The primary purpose has been to provide feedback which can inform decision-making, enhance effectiveness, and support continuous improvement.

A formative evaluation was selected because HEI Anchors are complex, and in the partnerships in the East of England, each are at various stages of development, making it essential to focus on understanding and refining activity. The goal was to identify key processes and potential outcomes before moving towards a more impact-focused summative evaluation in year two.

Data collection and analysis

The focus of this activity was to gather data from a range of key stakeholders (at Macro, Meso and Micro levels), and to track and revisit these throughout the length of the evaluation. The following data collection methods were employed:

Desk research

Desk top research was carried out throughout the evaluation, using a range of materials, including programme/project documentation; academic literature; industry reports, and relevant online sources. This was essential for gathering background information, identifying existing knowledge, and understanding the broader context of the topic. The desk research played an important role in framing the evaluation within wider social and economic setting and provided a foundation for further investigation.

Online surveys

A number of online surveys were conducted with all surveys administered using SurveyMonkey. Both open and closed questions were used in the structure of questionnaires.

Semi-structured Interviews

These covered a range of topics focused the key areas of investigation (e.g. innovation, culture); the barriers and enablers associated with the programme / projects; implementation of initiatives; progress; relationships; and understanding shared learning and good practice.

Group discussions / workshops

To further deepen an understanding of findings and to explore new lines of enquiry, a range of group discussions and two programme workshops were conducted. These drew together a range of stakeholders, individuals from EPIIC, delivery projects and associated partners.

Stakeholder meetings

The evaluation team regularly attended stakeholders' meetings to share progress, discuss findings/progress and shape activities. These included EPIIC group meetings, steering groups and project groups.

Data analysis

Responses to the online surveys were collected, cleaned and analysed using SurveyMonkey, Excel and SPSS. In terms of qualitative activities, interviews / group sessions were digitally recorded (where participants consented to recordings) and securely transcribed. Manual recording of sessions was also conducted, using question templates with a standardised recording format. Coding for all data groups was undertaken using standard thematic frameworks and data analysis was supported using specialist software (NVivo).

Key evaluation themes

The following areas of investigation formed the basis of key lines of enquiry:

- *Anchor Institutions* - to what extent does EPIIC and the individual HEIs/Partnerships demonstrate the integral parts of Health Anchor Institutions?
- *Effective partnership* - to what extent do EPIIC and the individual HEIs/Partnerships match what is expected of effective collaboration in the health and education sectors?
- *Innovation Uptake* - How are EPIIC activities embracing opportunities for innovation taking place within and across complex, changing contexts and place-based settings such as, but not exclusive to integrated health and social care services?
- *Transformation* - How are integration partnerships being leveraged to maximise transformation at local levels, across the East of England region?
- *Continuous Improvement* - What shared learning/resources can be distilled to support for cost effective resourcing of workforce and system level innovation?
- *Culture* - What features of innovation best enable an integrated transformational culture to support adoption of innovation/projects/initiatives at local system level, across the East of England region?
- *Enablers and Barriers* – What are the perceived enablers and barriers identified by people, communities and key stakeholders. How might these be mitigated and/or capitalised upon?

Section Three: Theory of Change

Overarching Theory of Change

Underpinning the evaluation and shaping the findings was achieved through the development of an overarching Theory of Change (ToC)[13], covering the macro delivery of the programme and common aims and objectives found withing and across all the HEI/partnerships. A ToC did not exist at the start of this evaluation, but it was clear that developing one was needed in order to provide a tangible roadmap for the university anchor institutions working in partnership with their respective ICSs.

Why a ToC?

The ToC provides a roadmap for how change is anticipated to happen, outlining the potential causal links between activities, outputs, measurable indicative outcomes, and ultimate longer term measurable impacts. In terms of the impact of the ToC and the work of the HEIs/partnerships, the ToC was developed to:

- *Provide clarity and focus* - through defining aims and objectives - ensuring shared understanding.
- *Aid strategic planning* - through the construction of a roadmap for designing, implementing, and evaluating.
- *Ensure interventions are well-aligned* - with targeted outcomes and the steps leading to these.
- *Enhance wider understanding* - through communicating goals, process, and expected impact to stakeholders.
- *Embedding evaluation and learning* - through the inclusion of a framework for measuring progress.
- *Engage with stakeholders and foster collaboration* - leading to stronger partnerships.
- *Promote sustainability* - linking inputs to long-term impacts which helps ensure that outcomes are sustainable.
- *Secure investment* - through giving potential funders confidence that their resources will be used effectively and efficiently - demonstrating impact, credibility, alignment with priorities – increasing the likelihood of continuous / future funding.

Working collaboratively the EPIIC team, made up of representatives from all six participating HEIs, developed an overarching ToC, refined over a six-month period (November 2024 to April 2025). Co-designing this shared ToC was an essential component of the evaluation, particularly as the specifics of an Anchor institutions were being delivered within complex environments involving multiple stakeholders. The ToC offered a structured approach which helped stakeholders and partners better understand and explain how their interventions were

[13] This can be viewed in the Appendices

expected to lead to specific outcomes and impacts, as there was no other model of this kind to guide partners activities, or from which to measure progress over what timeline.

In addition, each participant HEI/partnership built on the overarching ToC to develop individual ToCs underpinning the suite of projects that they and their partners had selected to invest in - some HEIs/partners also developed a project level logic model or ToC related to their chosen case study. All references to ToCs / logic models can be found in an Appendices alongside individual summaries of each partnership. These ToCs and associated first order logic models, together with the related measurement data for the expected indicators of successful outcomes and long-term impacts, will form the basis of the ongoing programme/projects, the evaluation, and where needed realignment, of current projects. They will also identify the initiatives and interventions that have wider and scalable potential for health and social care improvements.

In developing the ToC, EPIIC members were challenged to ensure that it was relevant, applicable and measurable by answering the following questions – *Is it*:

- *Meaningful:* Does it describe the project / organisation accurately in ways that stakeholders agree with?
- *Well-defined:* Is a clear audience, client or user group articulated? Is it clear what you do?
- *Comprehensible:* Does it enable someone to understand the 'two-minute story' of what is being done? Would a member of the public understand the theory?
- *Do-able:* Are the services and activities likely to contribute to the desired outcomes and impact?
- *Plausible:* Is it realistic? Does it consider organisational / resource capacity? It should be something that the programme, project or organisation could really do, not just wish it could.
- *Credible:* Are people outside your organisation likely to believe it? Is the evidence/measures of success you propose credible with stakeholders?
- *Testable:* Can you test the theory through a series of testable hypotheses? All elements should be testable.

Summary of the agreed ToC

The ToC was produced as a draft at a focused workshop in November 2024 and this was shared with stakeholders for comment. A number of iterations were produced before arriving at the agreed final version which is summarised below. However, it should be noted that the ToC is seen as an evolving tool which will need to respond to change and the future shift in terms of both the health and educations sectors and external social and economic influences.

Key features of the ToC

The extent to which the ToCs expected issues, outcomes, and impacts in relate to its overarching aims are summarised here as:

Aim 1: Improve outcomes in population health and healthcare

Identifying and addressing key issues such as health inequalities, lifestyle-related risks, unmet patient needs, and systemic pressures, the ToC should contribute to improving outcomes in population health and healthcare. By tackling these challenges, there is potential to enhance access to care, reduce preventable health risks, and create more equitable, person-centred services. The intended outcomes can collectively drive more efficient, effective care delivery. Furthermore, system-level improvements like reduced hospital admissions, increased care at home, and greater integration of services can support better patient journeys and long-term sustainability. These changes should not only promote improved health and care outcomes but also contribute to broader societal and economic development, including increased workforce participation, reduced environmental impact, and greater equality in access and experience.

Aim 2: Addressing inequalities in outcomes, experience and access

In focusing on scalable, culturally ready innovations and improving access for underserved populations, the health and care system can better address the varying needs across communities and localities, helping to reduce disparities in patient outcomes, experience, and access. Anticipated outcomes such as enhanced population health, improved patient satisfaction, a more diverse and capable workforce, and more equitable service delivery should contribute to narrowing gaps in care. Additionally, system-wide efficiencies and integrated approaches can ensure that high-quality care is delivered consistently across different groups, while wider social and economic benefits, such as widening participation and reduced carbon emissions, can help to support a fairer, more inclusive health and care system for all.

Aim 3: Enhance productivity and value for money

Improving workforce wellbeing (i.e. retention, retainment, career development opportunities), skills (i.e. capacity, capability and confidence) and reducing inefficiencies (such as avoidable hospital admissions and prolonged stays), should help to ensure that more efficient and effective services enhance productivity and deliver greater value for money. Outcomes like increased care at home, better integration, and streamlined patient pathways will reduce system pressures and optimise resource use. At the same time, supporting student progression, attrition and retention once qualifying, should contribute to building a future-ready workforce, while broader impacts such as improved labour force participation and reduced environmental costs contribute to long-term sustainability. Together, these measures should help to maximise the impact of available resources, driving higher-quality care at lower cost and ensuring better outcomes for both individuals and the wider system.

Aim 4: Improved quality delivery in health and social care

Addressing systemic issues such as workforce shortages, unmet patient needs, outdated infrastructure, and health-damaging behaviours will offer potential to improve the quality of delivery in health and social care, and support moves towards more person-centred, effective care. In addition, expected outcomes such as reduced safety incidents, improved patient satisfaction, better access for underserved groups, and enhanced staff wellbeing will contribute to raising the standard of care. These improvements should not only raise the consistency and

reliability of care delivery but also foster a more sustainable, high-quality health and social care system that is better equipped to meet the evolving needs of diverse populations.

Aim 5: NHS / HEIs to support broader civic role

Collaboration on education, research, workforce development, and service delivery, can lead efforts to improve population health, reduce disparities, and build local capacity. Intended outcomes such as enhanced student progression, local retention, and skills development can support economic and social mobility and demonstrate the local role that universities and the NHS can play. Additionally, wider impacts like increased workforce productivity, environmental sustainability, and community engagement through volunteering and informal care align with civic responsibilities. Together, these contributions position HEIs/universities and the NHS as key anchors in their communities—driving social change, fostering inclusion, and promoting long-term wellbeing.

[The aim of our Anchor partnership is] to understand what people and communities need and how best to enable integrated care, equipping and training the health and social care system workforce to deliver the best integrated care and overall develop new networks, training, best practice and evidence for people who support, provide and drive integrated care - HEI Stakeholder

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Section Four: Findings

The findings in this report are captured from the perspective of the macro level (EPIIC and the overall partnership of HEIs) and draw from the related research at meso (partnerships at HEI level) and micro levels (projects at a local level within each partnership) across the East of England. In addition, an assessment of the extent to which the key evaluation questions have been addressed or are being addressed (at the formative stage of the evaluation process), is applied through a generalised assessment at the macro level.

Modelling good practice

The evaluation findings across all levels provide an assessment of the extent to which the EPIIC model and their associated HEI/partnerships, incorporates / supports the principles of an effective Health Anchor and demonstrates the characteristics of good practice collaboration.[14]

Demonstrating good practice as an Anchor Institution

Key Summary: Modelling an Anchor Institution
The EPIIC model demonstrates a compelling model of what it means to be a good health Anchor institution
It is marked by long-term commitment, strategic collaboration, and community-centred impact.
At its core, it reflects an embedded, sustained presence within local areas
It demonstrates commitment not only to service provision and education but to enhancing the overall well-being of the communities served.

The EPIIC model embodies the principles of a good health Anchor institution through sustained commitment, local investment, collaborative and inclusive practices, a focus on social justice and sustainability, and a deep integration with both public health and education sectors. Its multi-level collaboration, strategic foresight, and community-driven focus mark it as a mature example of anchor institution leadership.

Evidence of this includes:

Long-Term Commitment and Economic Stability - A hallmark of anchor institutions is their rootedness in an area. EPIIC, particularly through the HEIs across the East of England, demonstrates this through structured long-term planning and alignment with the promotion of the health and well-being of local people. It is worth noting not all HEIs have retained the notion of Anchor Institute, as their sphere of work continues to progress.

Investment in Place and People - EPIIC demonstrates ongoing investment in local development through support for infrastructure, education, and health and social care services. It fosters economic inclusion by engaging with local businesses / organisations through procurement and

[14] As previously stated and referenced, this draws from the work by UCLPartners to develop indicators of good anchor institutions

partnerships, and by ensuring that students and residents alike have access to meaningful career pathways. Workforce development runs as a golden thread throughout, with a strong emphasis on retaining talent within local communities.

Collaborative and Inclusive Leadership **-** A defining feature of the EPIIC approach is the collaborative leadership embedded across multiple levels. This coordination involves not only HEIs but ICSs, ICBs, local authorities, third sector organisations, and community groups. The shared ToC demonstrates unified visioning, with co-created goals and impact measures that are locally grounded and community responsive.

Equity, Well-Being, and Social Responsibility **-** Social responsibility is a key aspect of the EPIIC model. Initiatives prioritise the addressing of disparities in access to healthcare, education, and employment, particularly amongst marginalised, disadvantaged and under-served populations. Cultural awareness and inclusive practices are woven into planning and implementation, acknowledging the different institutional and societal contexts within which health and education systems operate. Public health and well-being also form a core focus, with educational programming and services promoting prevention and self-care. The link between environmental sustainability and population health is explicitly recognised, and long-term plans reflect a commitment to ecological as well as social resilience.

Community-Engaged Research and Cultural Impact - Research and innovation are shaped by local needs, with HEIs generating insight and evidence that directly informs community development. Moreover, the institutions contribute culturally through public events, lifelong learning opportunities, and accessible educational resources, enriching the social fabric of their localities and regions.

Sustainability and Forward Vision - These appear as guiding principles, with clear initiatives building for the long term, not only through strategic data sharing and evaluation frameworks, but also by embedding sustainability goals in its operational models. The EPIIC Terms of Reference articulate a clear ambition to achieve long-lasting regional transformation through collaboration, shared learning, and evidence-based practice.

Demonstrating good practice through collaboration

Key Summary: Modelling Collaboration
EPIIC presents a compelling example of how a cross-sector, multi-agency collaboration partnerships can be designed and nurtured to foster transformation in health and care. This is demonstrated through a clear shared vision, mutual trust, responsive governance, and a commitment to reflection and adaptation EPIIC offers a replicable template for how universities and health systems can jointly address complex challenges through innovation, inclusion, and integrated working

Collaboration is a golden thread which will contribute substantially to the impact of EPIIC (and the wider partnerships). A range of sources have been interrogated and referenced, in order to arrive at indicators of good collaboration (in higher education and the health sector), and to investigate the extent to which these are demonstrated by the EPIIC model. Primarily, collaboration needs to include (but not be limited to): co-creation; co-decision making; cooperation; and the involvement of key stakeholders (HEIs / ICSs / ICBs / steering groups / project stakeholders / local communities).

Evidence suggests that EPIIC represents a forward-thinking model for effective collaboration between HEIs and the health and social care sectors. At its core, EPIIC is grounded in a core belief that working collaboratively across sectors generates greater innovation, insight, and impact than isolated efforts. This collaboration ethos is not simply a feature of the programme, it is its foundation and runs through every aspect of project engagement, evaluation and delivery.

This evidence includes:

Trust-building and relational work - Relationships and trust building are maintained through transparent, regular, diverse approaches to transparent communication. Frequent meetings, open forums, and collaborative workshops create space for candid discussion and shared problem-solving. These human connections are vital for maintaining momentum, especially in a context that brings together institutions with (sometimes) competitive relationships.

Supportive and responsive institutions - A critical success factor has been the willingness of each HEI/ICS/ICB to actively support EPIIC both locally and regionally. Whilst the level of institutional support has varied, often due to economic pressures, internal leadership changes or administrative capacity, the programme benefits from leaders who champion its mission. This has enabled flexibility in delivery while holding fast to the partnership's long-term goals.

Open, honest communications - EPIIC has demonstrated strong internal communication practices among actively involved staff. However, partners acknowledge the need to continue to extend this communication approach further – particularly to reach wider, diverse and varied requirements of audiences, reaching across broad stakeholders ranging from institutional and academic partners, key decision makers and local community partners.

Cultural and organisational awareness - Collaboration exists within the different institutional and cultural contexts of health and education systems. There is recognition that effective partnership requires not only technical coordination but also sensitivity to the embedded norms, expectations, and working styles across sectors. The programme embraces the challenge of changing these norms over time to better enable integrated working.

Flexibility and adaptability - Aligning the needs and operations of six HEIs and multiple ICSs is complex and dynamic. EPIIC has embraced this complexity by fostering an adaptable, responsive partnership model. Stakeholders are encouraged and supported to pivot in response to challenges or emerging opportunities, strengthening the overall resilience of the initiative.

Whole-institution engagement - Good collaboration in EPIIC goes beyond leadership, it includes the active involvement of staff and students. The projects, case studies and individual HEI-level

ToCs (see Appendices), show how individuals at all levels, are contributing to the wider mission, generating momentum and innovation from the ground up.

I have really enjoyed working in [an environment] where I have had the chance to work with service users and experiment and research on different interventions. It has given me the chance to grow in confidence and reach my potential. This experience has been incredibly valuable as it has pushed me beyond my comfort zone, allowing me to acquire new knowledge and skills - Student

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Sustainability and long-term focus - The partnership has embedded long-term sustainability within its governance and strategic planning. EPIIC's Terms of Reference and ToC emphasise the collection and use of evidence to support joint planning and evaluation. This approach helps ensure that short-term collaborative efforts lead to sustained impact across the region.

Evaluating collective impact - A distinctive feature of EPIIC is its focus on evaluating collaboration itself, not just the outputs of individual projects. This structured evaluation approach, will enable partners to reflect on shared goals, communication effectiveness, and partnership success. These evaluations will inform ongoing improvement and provide a mechanism to understand the added value of collaboration.

Key evaluation findings

An important aspect of this evaluation has centred on measuring the extent to which EPIIC (underpinned at local level by respective institutions and stakeholders), has approached and impacted on key themes (*innovation*, *transformation*, *continuous improvement* and *culture)*; the process of developing the model, how it has responded, in terms of the barriers to, and the enablers of, success. The following highlights the findings in relation to these questions.

Innovation

Key Summary: Innovation

EPIIC's success in innovation can be attributed to its clear focus on supporting a wide range of projects, facilitating collaboration between institutions, and ensuring that new ideas are not only developed but also scaled and sustained over time.

There is evidence of supporting pre-existing innovation projects and funding new ones / potential to scale across a range of thematic areas: workforce intelligence and optimisation / social value / data modelling / delivery of treatment / patient involvement

By aligning innovation with local needs and providing strategic funding, the programme has created a fertile ground for transformative change in integrated care.

Innovation is not just about generating new ideas but also ensuring that these are practically and successfully embraced and implemented. Specifically, it refers to mechanisms through which projects are selected, supported, and managed to drive innovation in local areas, and incorporates the pooling of resources, sharing of knowledge, and multi-agency support.

EPIIC has been highly successful in driving innovation across the healthcare and education sectors in the East of England. At its core, EPIIC emphasises the importance of fostering and scaling innovative solutions to address regional challenges. The programme supports both pre-existing innovation projects and new initiatives, with a clear focus on ensuring that these innovations are not only generated but also implemented, scaled, and sustained.

A major factor in EPIIC's success is its ability to stimulate and develop innovation through the strategic use of funding. By supporting universities and partner organisations, the programme helps to implement innovative solutions in areas such as workforce intelligence, social value, data modelling, treatment delivery, and patient involvement. These innovations are tailored to meet the specific needs of each region, ensuring that the solutions have local relevance, whilst also holding the potential for broader application.

[The project works through] implementing research findings into clinical practice by filling gaps in service provision within the NHS whilst using the innovative approaches discovered through existing research - Student

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The structured ToC helps to align innovation efforts with measurable outcomes and impact, allowing the programme to track the adoption of innovations and assess their effectiveness in transforming practices within participating institutions and communities. The programme's collaborative nature plays a crucial role in its success, with universities acting as health anchors that drive innovation within their localities whilst also benefitting from shared knowledge, resources, and expertise across the partnership through ICSs, and other stakeholders.

EPIIC's focus on the sustainability and scalability of innovations, ensures that these will continue to provide value beyond the initial phase of the project. By fostering cross-institutional collaboration and supporting innovative initiatives at both the local and regional levels, EPIIC has created a dynamic environment where transformative change can take root and thrive. The success in innovation is a direct result of EPIIC's strategic approach to supporting and scaling new ideas, its collaborative framework, and its focus on long-term sustainability. The programme has proven to be an effective catalyst for innovation, creating lasting impacts in integrated care across the regions involved.

Transformation

Key Summary: Transformation
EPIIC has successfully supported and helped shape the transformation of integrated care by creating a collaborative environment that fosters innovation, engages local communities, and aligns stakeholders around shared goals. Through this approach, the programme has driven meaningful change that has the potential for long-lasting impact on healthcare systems The Theory of Change framework used by EPIIC has provided a clear, structured approach to tracking progress and evaluating the impact of transformation efforts.

Transformation in integrated care involves a significant shift towards a cohesive, person-centred healthcare system, where various services (e.g. primary care, hospital care, mental health services, social services, and community support) are closely coordinated. The goal is to move away from a fragmented approach and create a more seamless system that not only improves the quality of care, but also reduces healthcare inequalities, enhances patient experiences, and produces better overall outcomes. Achieving this requires collaboration across different sectors, innovative service delivery models, and the use of technology to improve accessibility and efficiency.

In terms of the collective efforts to move towards a more dynamic system, EPIIC has demonstrated significant success in leading the transformation of integrated care, particularly through its focus on innovation, collaboration, and community-driven initiatives. The programme's approach is centred on fostering long-term change by addressing key challenges within the healthcare system, primarily focusing on integrating services and improving outcomes.

Key to EPIIC's success in helping to support and shape this transformation is its collaborative model, which brings together education, health and social care institutions, and other regional stakeholders. By promoting joint efforts across institutions, the programme has created a platform for shared learning, exchange of best practices, and the development of scalable solutions. This collaboration has led to a deeper understanding of integrated care challenges and the co-creation of innovative solutions that reflect the specific needs of local communities.

EPIIC's focus on workforce development and data-driven decision-making has also contributed significantly to the transformation process. By improving workforce intelligence and optimising the delivery of care, the program has enabled institutions to work more efficiently, ultimately leading to better patient care and outcomes. Additionally, the programme's emphasis on patient involvement in decision-making has shifted care delivery models toward more patient-centred approaches, aligning with the broader goals of integrated care.

Furthermore, the ToC framework used by EPIIC has provided a clear, structured approach to tracking progress and evaluating the impact of transformation efforts. By linking innovation and collaboration with measurable outcomes, EPIIC has ensured that transformation is not only achievable but also sustainable in the long term.

Continuous Improvement

Key Summary: Continuous Improvement
The ToC has been widely supported providing a pathway with clear goals and structures and measurement of continuous improvement Lower-level logic models and project ToCs are used to link projects to EPIIC partnership goals and ensure consistent alignment with operational practices. The active involvement of staff, students, patients, and local communities in providing feedback ensures that the improvement process is informed by diverse perspectives, facilitating responsive changes to practices. A commitment to shared learning and co-creation is evident at both the EPIIC and HEI levels, and ongoing evaluations and collaborative approaches enable continual refinement and adaptation of practices.

There is clear evidence of EPIIC's ongoing efforts to enhance continuous improvements through processes, services, and delivery products. It is focused on improving the quality of care, health and well-being outcomes, and overall efficiency by systematically identifying areas for improvement, supporting innovative and inclusive approach from which to address required changes, and measuring (with cultural and context specific sensitivity) the impact of those changes over time.

Key identifiers of continuous improvement include regular data collection and analysis to identify areas of need or inefficiency, the establishment of clear goals for improvement, and the active involvement of staff at all levels in the process. This includes using feedback from individuals, communities, families, and staff to inform decision-making and improvement strategies.

The development of the overarching ToC has been universally welcomed and has already proved invaluable in guiding practice, mapping inputs to impact, and ensuring a clear pathway from strategy to results. It has also provided a recognisable reference point and connection between the broader partnership goals and the individual projects (evidenced by the logic models / ToCs aligned with the meso / micro level activity) and supports ongoing reflection and refinement. This structured approach has led to tangible changes in operational practices, indicating that the ToC is actively helping to drive improvement. It offers a reference point for other regions wishing to embed this approach to local innovation within complex, dynamic open systems, such as health and social care.

Culture

Key Summary: Culture
Cultural differences exist in terms of organisational values, decision-making approaches, and work ethics, and require constant work in order to avoid misunderstandings and misalignments in goals The concept of "cultural readiness" is recognised as crucial for successful collaboration and progress is being made in terms of overcoming entrenched ways of working and shifting mindsets Tensions between conflicting priorities, roles, and responsibilities are inevitable and highlight the difficulty of balancing individual organisations' core functions with the benefits of collaborative initiatives Effective collaboration requires intentional efforts (which are demonstrated by EPIIC), to build mutual respect, establish shared norms, and foster open communication and trust to overcome cultural barriers and ensure progress towards common objectives

One of the key challenges in any collaboration or partnership, especially in sectors such as education, health and social care, is navigating the inevitable cultural differences that exist between organisations and individuals. Collaborations involve divergent teams from diverse institutions, each with its own organisational culture, values, priorities and ways of working. This can lead to misunderstandings, misalignments in goals, or conflicting approaches to decision-making and problem-solving. Additionally, cultural differences in leadership styles, communication preferences, and ways of work can hinder effective collaboration and slow down progress. Overcoming these challenges requires intentional efforts to build mutual respect, establish shared norms, and create a culture of open communication and trust, allowing teams to work together towards common objectives despite their differences.

EPIIC's stakeholders recognise the importance of cultural readiness in driving successful collaboration between local populations, workforces, and partners - particularly between HEIs and ICSs. Overcoming established norms and barriers to collaborative working were identified as significant challenges and there are clear and ongoing efforts to address these cultural differences. However, achieving seamless integration between stakeholders does, and will take time, as long-standing ways of working need to be re-aligned within a changing landscape.

[The project is] inspiring a culture between academics (to consider how their expertise can help society), students (to consider a career in the NHS) and partners (to consider new models of care in addressing system wide challenges), being a new established service provision opportunity to address service gaps in existing NHS care pathways (and education sector). partnership can support] coastal and rural, isolated communities, and fractured access to services that are delivered close to home - ICS Stakeholder

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The success of the broader goals of the Anchor approach hinges on overcoming these cultural differences and shifting priorities to embrace collaboration fully. The initiative's success will depend on stakeholders' ability to align their goals, work together across boundaries, and move beyond entrenched ways of working to generate greater collective value. EPIIC is one such model that has proven effective, within a short time frame, and within a highly challenged and changing political complex system landscape.

Barriers

Key Summary: Barriers
Stakeholders highlighted some difficulties in establishing trust, consistent leadership, and clear governance all of which can hinder efficient collaboration and alignment Existing norms and inflexible structures often clash with innovation, with traditional research practices and a lack of supportive infrastructure limiting the development of integrated, forward-thinking approaches. Administrative and bureaucratic delays characterise both the education and health sectors - long decision-making timelines and complex sign-off procedures create significant delays, stalling project implementation and frustrating collaborative momentum. Resource and financial constraints are a constant with limited / restricted funding, which, allied to a general lack of resources restrict capacity for sustained collaborative work, and the slow pace of integration can erode stakeholder confidence in long-term outcomes.

In terms of EPIIC's collaborative efforts, stakeholders highlighted challenges including on inherent pressures in Education / HEIs and in Health & Social Care / ICSs establishing trust and effective governance structures, high personnel turnover and unclear roles; funding challenges across both sectors; time constraints and structural inequalities. These and other barriers have complicated the establishment of consistent leadership and efficient coordination between stakeholders. Additionally, the time/resource constraints faced by organisations have in some places, limited their ability to fully scope opportunities and integrate new projects efficiently.

Another critical barrier lies in the bureaucratic nature of both HEIs and ICSs, which introduces delays due to long decision-making processes and complex sign-off procedures. These administrative hurdles can stall progress and frustrate efforts to implement new projects. Additionally, growing financial pressures within local ICBs and the overall lack of resources often restrict the capacity to fully support and sustain collaborative initiatives. Finally, the lack of alignment in expectations and the slow pace of integration can lead to a loss of confidence in the long-term impact and potential benefits of the collaboration, further challenging the success of these partnerships.

The transparency and open dialogue fostered by EPIIC's collaborative approach allows for the resolution of conflicts and misunderstandings, ensuring that all parties are moving in the same direction. This contributes to more effective and efficient service delivery, reducing duplication and enhancing outcomes for the communities involved.

Enablers

Key Summary: Enablers
EPIIC enables collaboration by facilitating idea-sharing, offering joint leadership, and supporting common governance models that promote transparency, trust, and inclusive participation across HEIs and ICSs, alongside the support and facilitation of ICBs. Strong regional partnerships are evident, including third sector and local communities, and these improve service delivery, strengthen mutual trust, and ensure initiatives reflect local needs Governance alignment through EPIIC has reduced fragmentation between partners, clarified roles and goals, and created a consistent framework that supports joint action and conflict resolution Cultural change and growing trust have enabled an increased willingness among partners to collaborate, reflecting a shift towards openness, shared ownership, and long-term commitment to integrated, innovative service models.

EPIIC itself is a crucial enabler in fostering inclusive collaboration across HEIs and ICSs and other partners/stakeholders across the East of England, particularly through its role in facilitating and sharing ideas. By providing joint leadership and common governance models, EPIIC underpins transparency and open dialogue, which helps to create an environment of trust and effective collaboration.

This structure allows for diverse, committed and skilled individuals to come together, helping to navigate challenges, ensuring broad engagement, and maximising the impact of initiatives. The emphasis on co-production and co-ownership further strengthens these efforts, ensuring that stakeholders feel invested in the success of projects and initiatives.

A key enabler of EPIIC's success is the strength of its relationships with local and regional partners, including the third sector. These partnerships have led to improved service delivery through building mutual trust and fostering collaborative efforts across sectors. The ability to engage with local populations has been vital in ensuring that initiatives are grounded in the specific needs of the communities they serve. The foundation of trust built through pre-existing relationships, particularly with local commissioners and partners, has also enhanced the collaborative nature of the projects, allowing for a more seamless integration of services and improved outcomes.

[It has helped] coastal and rural, isolated communities, and fractured access to services that are delivered close to home - ICS Stakeholder

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The establishment of transparent governance models within the local partnerships has been instrumental in reducing fragmentation and ensuring alignment among the stakeholders aligned

to HEIs and ICSs. In ensuring that partners share a common understanding of roles, goals, and responsibilities, these governance models create a clear framework for action.

Over one year, EPIIC has contributed to an increasing understanding and interest between ICSs and HEIs, leading to a more open appetite for collaboration and innovative solutions to complex issues (i.e., population health, and associated system and workforce requirements). As trust builds and suspicion decreases, partners are more willing to engage in joint initiatives and embrace new models of care and service delivery. This shift in mindset highlights the importance of gradual cultural change and ongoing relationship-building in driving the success of collaborative efforts, positioning EPIIC as a vital enabler of sustainable improvements in the health and care sectors.

Section Five: HEIs/ Partnerships

This section captures the area wide approach taken by the respective HEI/partnership with respect to the choices made in terms of allocating the investment to new and existing projects. Each respective HEI/partnership focused sub-section draws from evidence of planning and delivery at a local / sub-regional level, in terms of the investments made, the projects in process, and the choices made in terms of the investment. Each of the six areas has taken forward an agenda at the interface between research, education and training, and health services that has channelled funding to innovation projects at various stages of delivery. Each has adopted different approaches reflecting their different contexts and ambitions. EPIIC has been a vehicle for the six sites to access funding to support projects that might otherwise not have been funded as they were cross-sectoral / cross-cutting and hence complex to finance.

At the heart of this evaluation has been a continued commitment to co-production, engaging with all those with a stake, or interest in contemporary health and care delivery. Through capturing contribution with people and communities, as those who live and work within their localities, work was embedded within and across the six East of England geographical localities (Norfolk, Essex, Suffolk, Bedfordshire, Hertfordshire and Cambridge). Engaging with such a broad stakeholder engagement and participation has proved challenging, as each place-based initiative has been achieved, derived and designed with close collaboration from multiple partners (from schools, religious leaders, creative arts engagement, alongside more conventional educational, NHS and Social Care organisations). It is placed within the local community context, set against a backdrop of the aforementioned political change, tight fiscal demands, and increased population demand for care.

"By being fully embedded in our local ICSs systems, we can ensure the project deliverables are part of ICS priorities and that clinical research provides meaningful knowledge exchange to inform clinical practice both locally and nationally." Stakeholder

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In terms of the HEI/partnerships, projects that have been funded are still developing; some can be expected to have a direct impact on patient care and population health and health system efficiency, others are more focused on enabling or supporting initiatives relating to education and training the workforce and developing tools and techniques to support planning, analysis, knowledge sharing etc. Some of the projects are likely to be scalable and/or replicable in other contexts, some may not be. Information sources for this section vary, depending on the nature of the project, the stakeholders involved and in terms of the chosen case study for each area, the ability to collect data (based on the maturity of each project). These sub-sections showcase the activities at local level, highlighting specific examples underpinning the evaluation evidence, as well as providing a summary of each area's projects and selected case studies[15]. This translates

[15] *Some of the areas selected a project from a range of activities, others were limited to the 'one' project that their investment focused on.*

into very individual accounts of each area, serving to illustrate the differences and commonalities that exist across all six.

A further intention in selecting case studies was to start to build individual evaluations that can baseline and track the processes and outcomes / impacts of the selected projects. As such, in addition to illustrating local activity, where possible, this section contains reference to, and analysis of, the primary research that has already commenced[16]. In addition, each HEI/partnership developed a meso level ToC which are referenced to varying degrees in this section and in addition, a mixture of ToCs and logic models were developed for the respective case studies. All the ToCs and logic models can be found in the Appendices.

[16] *It is intended to design and apply an evaluation framework for each of the case studies.*

I. Anglia Ruskin University

The Community, Health and Care programme is a collaboration with Mid and South Essex (MSE) Integrated Care System (ICS), Anglia Ruskin University (ARU) and Cambridgeshire & Peterborough ICS (C&P ICS). The aim is to develop and implement collaborative innovations to improve working practices and person-centred outcomes across the ICSs using quality improvement methodologies.

In reality, the collaborations between ARU and MSE ICS and ARU and C&P ICS developed separately and at different speeds. Each collaboration developed a distinct set of projects to address the differing priorities in each ICS. The projects sit within an overall Theory of Change (ToC) set out below.

"The overall project started in 2022 with 2 workshops [on] how to approach the investment available. Health and care sector representatives were invited. This gave many perspectives, and the focus was to promote primary and community care" - HEI stakeholder

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ARU/MSE ICS programme

The collaboration programme between ARU and MSE ICS began to be developed in two workshops in the Summer of 2022. The first workshop, attended by 35-40 people from 27 organisations within MSE ICS and ARU, identified five themes. The second workshop identified three topics to be pursued as projects within the programme. For each topic, leads from both ARU and the ICS were assigned. They, along with system partners, jointly developed the topics into the three projects outlined below.

Proposals for the three projects were approved in July 2023. The projects began in November 2023 when a collaboration agreement was signed between the University and MSE ICB. Two of the projects are now completed and the third will be completed in Summer 2025.

Social Spark

This project aimed to unite a diverse network—residents, community organisations, healthcare and social care practitioners, and ARU staff and students—committed to addressing healthcare inequality. The project aspires to establish Basildon as a thriving environment for innovative solutions that foster long-term health benefits, ease service demand, and empower people to make healthier choices.

The project was a collaborative effort between ARU, MSEFT and MSE ICB with additional support from Basildon Borough Council, Basildon & Brentwood Alliance, Basildon, Billericay & Wickford Council for Voluntary Service, and Essex County Council. Social Spark was structured as two complementary workstreams. First, establishing a health and social care incubator in Basildon,

run and managed by MSEFT. Second, a series of "test and learn" activities based on existing ARU programmes to be adapted to, and delivered in, Basildon through the incubator. The "test and learn" activities aimed to engage residents, support groups, charities, and social enterprises, fostering a shared commitment to transforming community health and well-being. The project began in November 2023 and formally ended in June 2024, though its legacy of an NIHR-funded community research facility in Basildon, the Social Spark Hub, continues.

Innovation of Information Sharing

The Innovation of Information Sharing project was to design and pilot an intervention to provide discharged patients with a personalised video, recording key messages about post-discharge care plans and pathways. The intervention was to be piloted in two wards within MSEFT, targeting patients with complex care needs on discharge. The videos were to be made available to patients, carers and community teams through the Patients Know Best portal and integrated with the NHS app. By improving the quality of information available to patients, carers and community teams, the project aimed to establish whether the intervention: i) improved patient, carer and staff satisfaction with the discharge process; and ii) reduced readmissions and unplanned re-presentation to Emergency Departments. The project was originally intended to run between July 2023 and March 2024 and was later extended until Autumn 2024. The project's design and approvals are currently being developed into a joint NIHR bid with Essex Cardiothoracic Centre in MSEFT to investigate the effectiveness of providing pre-recorded content at discharge.

Community Academy

The Community Academy project is a collaboration between MSE ICS and ARU colleagues to build a community of learning for people working and training in health and care. It implements two initiatives:

The *Legacy Practitioners* initiative builds on successful Legacy Nurse programmes and aims to extend the benefits of Legacy Practitioners beyond nursing. The project will recruit up to 3 WTE late career or experienced staff as Legacy Practitioners for 12 months working across Allied Health Professions and Social Care. These Legacy Practitioners will share their knowledge, experience, and good practice and provide clinical and pastoral support. It is hoped this will improve job satisfaction and retention of newly qualified staff, those returning to practice and students. Originally intended to run between July 2023 and Summer 2024, the initiative faced difficulties recruiting to the Legacy Practitioner posts. Consequently, the final fixed term appointment will not finish until Summer 2025.

The *Additional Roles Reimbursement Scheme (ARRS) Optimisation* initiative aims to improve recruitment to, and retention of, ARRS roles and to improve understanding of their effectiveness in order to optimise the utilisation of ARRS roles across mid and south Essex. Introduced in 2019, by March 2023 437 FTE ARRS funded roles were working across the Primary Care Networks

(PCNs). However, little is known about retention in these roles or their effectiveness within PCNs. The project will review what is working well, key challenges, and where ARRS roles are making a real difference to population health, waiting times and staff wellbeing. It will also enable PCNs and system partners to share success stories of where ARRS roles have been implemented and fully utilised.

"The [Community Academy] project's relationships aim to create a dynamic, high-quality process, fostering a community of practice and academia - HEI stakeholder

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ARU-Cambridge and Peterborough ICS programme

The development of the collaboration programme between ARU and C&P ICS followed much the same process as the MSE collaboration. However, it took longer to identify and work up projects which addressed the system priorities. Four projects are agreed and began in February/March 2025 after a collaboration agreement was signed in January 2025 (other projects are being developed).

Optimising Learner Placements

Clinical placements are an integral part of healthcare education programs, providing students with hands-on training and exposure to real-world healthcare settings. This project is to design and implement an intervention to optimise placements in C&P ICS. To inform the intervention design, the project will: undertake a scoping survey to identify current processes, best practice, and the most important barriers and enablers to accessing placements; map learner journeys through placement and explore case studies of different placement pathways for learners; explore a broader spectrum of placements in primary care, community, social care and social work; and identify ways to address transport issues to utilise placement capacity. Finally, an intervention will be designed and piloted. The project began in February/March 2025 and is due to be completed in December 2025.

Support Worker Academy

NHS providers within C&P ICS have more than 300 Nursing & Midwifery Support Worker vacancies. Similar Support Worker shortages exist across primary, voluntary, social care and additional professions. These vacancies cause increased workloads, high turnover rates, and compromised patient care. The project aims to create a system-wide Support Worker Academy to improve Support Workers' opportunities for professional development, career progression and mobility between employers within the system. The project will map the current diversity of Support Worker roles and skills within the system, scope the skills needed for career progression in any organisation across the system, and identify which skills are universal and which are organisation specific. The project will then develop a skills passport to recognise and transfer Support Worker training across system organisations. The project began in February/March 2025 and is due to be completed in December 2025.

Educator Development

Educators play a vital role in learner experience and retention. By providing educators with developmental opportunities, the aim is to enhance learner engagement, experience, outcomes and, ultimately, retention. The project will first map the existing opportunities for educator development across the system and identify gaps in the knowledge, skills and experience of educators. To address the identified gaps, the project will develop and pilot training sessions, workshops, or online modules that accommodate educators' schedules and availability. It will also scope the potential for mechanisms of ongoing support such as coaching and mentor networks, follow-up workshops, and communities of practice. The project began in February/March 2025 and is due to be completed in December 2025.

Volunteer project

Volunteers are an important part of the system's wider workforce and offer key support to communities. However, volunteer numbers are in decline. Difficulty recruiting volunteers is one of the principal challenges facing VCSE organisations in Cambridgeshire.[17] The situation has worsened since 2019, reflecting national trends highlighted in the Community Life Survey 2021/22.[18] This research uses a mixed-methods case study design to establish how the volunteering landscape in Cambridgeshire and Peterborough can be strengthened to best meet health, community, and social care needs. The findings will inform future CPICS volunteering strategies and policies. The project began in February/March 2025 and is due to be completed in December 2025.

Projects still in development

Education Strategy

The current lack of an ICS-wide education strategy means that education is insufficiently prioritised in some organisations. There has been little focus on establishing how the ICB and ICS will work together to ensure that an education and learning underpin the development of local communities and workforce. This project will bring together the wealth of knowledge and experience across the health, care, education, voluntary, local authority, and private sectors to co-develop a 5-year ICS education strategy. By agreeing an overall system direction for education, learning and development and aligning partners priorities, the strategy will ensure effective use of system-wide resources to recruit, retain and develop the workforce required in future.

Breaking Barriers Innovations

C&P ICS is piloting offering care leavers and care experienced individuals support, training, and designated employment opportunities with ICS/NHS organisations. This project builds on that pilot to collaborate with partnering C&P trusts involved in the pilot to organise a knowledge exchange event deepen understanding of apprenticeships for care leavers and those with care

[17] https://supportcambridgeshire.org.uk/new/wp-content/uploads/2024/07/2024-Survey-report-with-final-LG-edits-1.pdf
[18] https://www.gov.uk/government/collections/community-life-survey--2

experience, working towards an improved employment offer and coherent support structure across the ICS and the East of England. Case study: Optimising Learner Placement Project

Context

Health and social care systems are facing growing pressure to deliver high-quality patient care amidst workforce shortages and rising demands. Higher Education Institutions (HEI's) also encounter challenges in ensuring they have consistent and sustainable practice learning provision for learners that meets current demands and is necessary for ensuring a future workforce pipeline.

Improved infrastructure in learner placements will be essential to delivering the NHS Long Term Workforce Plan (LTWP) (NHSE, 2023) and give the ICS 'one workforce' supply. Practice learning placements are an integral part of health and social care education programmes, providing students with hands-on training and exposure to real-world health and social care settings. The current fragmented processes used for managing placements through multiple platforms and manual resources is time-consuming, prone to errors, and lacks a centralised platform for seamless coordination.

Cambridgeshire and Peterborough Integrated Care System (ICS) is committed to enhancing health and social care delivery by optimising learner placements across health and social care settings, to sustain future workforce requirements. The ICS, together with partners in higher education institutions (HEI's) including ARU, is working toward streamlining the placement process, to improve communication, optimise resource allocation, and ultimately enhance the experience and satisfaction for learners, placement providers, and administrative staff. Streamlining learner placements will enable health and social care providers to meet future placement demands, enhance the quality of practice learning and education, and address workforce shortages.

Aims

The aim of this programme is to identify and deliver sustainable initiatives that will lead to a more integrated and co-ordinated approach to utilisation of learner placements across Cambridgeshire and Peterborough ICS. This will be delivered through a system partner/stakeholder engagement group.

Specific objectives

- To conduct a scoping survey to explore experiences of and perspectives of placements.
- To identify the challenges in relation to placements and placement capacity
- To identify how placements can be improved.
- To identify areas of best practice for wider adoption.
- To identify key learning for ARU and Cambridgeshire and Peterborough ICB and inform the development of an intervention to optimise learners' placements in the region
- To co-design and deliver interventions that are informed by the outcomes of the survey and wider intelligence.

Survey design and methods

A JISC survey has been designed and developed collaboratively with input from ARU learners and the Placement Optimisation Group, which includes ARU and C&P ICB members. The aim of the baseline survey of learners, placement providers, administrative staff and placement educators/supervisors and assessors is to scope existing systems, processes, best practices, barriers, and enablers to optimise placements in Cambridgeshire and Peterborough Integrated Care System.

Sampling, Ethical considerations & Data analysis

All identified learners, placement providers, administrative staff and placement educators/supervisors and assessors will be invited to participate in the survey. Approval has been sought from NHS Anglia Ruskin University ethics committee Consent will form part of the ethics submission. Descriptive statistics and correlations where possible will be used to analyse the closed-question responses. Open-ended question data will be collated, and a thematic analysis will be undertaken.

Literature Review

The aims and objectives have been outlined, for a literature review to be undertaken to identify areas of best practice for knowledge exchange with the stakeholder group and to inform the interventions phase of the project.

Co-Production & Interventions Phase

Following the survey, the stakeholder group will review and co-design specific interventions. These will be informed by the survey and the literature review. Metrics will be agreed as part of this phase to monitor progress and measure the impact of the interventions.

Progress to date

Successes to date includes a workshop to introduce the OLP project and receive survey design feedback from collaborators; finalising survey questions and materials in preparation for ARU and R&D ethics approval with collaborators and students; identifying due diligence processes for identifying and recruiting pre-registration students to co design research; and identifying an optimal time to launch the survey. This project will enable the opportunities, challenges and solutions of a university, NHS providers, and ICS collaboration to be evaluated.

"The relationship between organisations is not merely transactional; having navigated initial challenges, the focus is now on opportunities - HEI stakeholder

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II. University of Bedfordshire

The Bedford Luton Milton Keynes (BLMK) Integrated Care System (ICS) Research and Innovation Hub is a collaborative initiative aimed at addressing health and social care inequalities in the region. The partnership brings together the University of Bedfordshire, BLMK ICS, and a diverse range of statutory and voluntary sector organizations, including Luton Council of Faiths, Healthwatch, Carers in Bedfordshire, and Keech Hospice Care. The university serves as the anchor Higher Education Institution (HEI) and Organisational Lead, working closely with Integrated Care Boards (ICBs), external advisors, and service users to develop and implement research-driven solutions.

The partnership operates under a unified governance structure aligned with the ICS, ensuring shared accountability and strategic direction. Key areas of focus include workforce development, community engagement, and service innovation. Rather than pursuing isolated projects, the initiative emphasizes capacity building through joint appointments and collaborative efforts. The strategy has evolved to prioritize long-term sustainability, with a vision extending to 2030, aiming to deliver value for money and enhance research capacity within the ICS.

"[It's the] first time in my 17 years in academia that we were able to have an agreed joint governance and common research goals with the regional commissioning body for health and care. This is a significant facilitator. We also engaged in joint steering and developed common long-term interests, which again is a significant facilitator for research quality." – HEI stakeholder

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The Hub's research agenda is organized around three priority pillars: inclusive workforce, new ways of working, and safeguarding. Initiatives under these pillars include community outreach programs, resilience-building in care professions, frailty, and sarcopenia screening, and improving primary care access for underserved communities. Additionally, safeguarding efforts focus on reducing harm from street activities through collaborative approaches. These projects aim to support the ICS's objectives, improve health and care for service users, and tackle health inequalities across the BLMK region. The following provides a summary of the projects and initiatives that fall within each of the three priority pillars:

Pillar 1 – Talk, Listen, Change (TLC) Workforce Research Programme

The A&E project: Reducing avoidable use and frequent admissions to accident and emergency (A&E) and avoiding frequent hospital admissions

The increase in patients arriving with "avoidable" problems that primary care providers (GPs) may have better control over has been linked to the rise in A&E attendance in the UK during the past 30 years. Both minor ailments that may be managed by primary care physicians and self-limiting issues that don't need medical attention are included in the avoidable usage of the A&E study.

The Integrated Placement Experience (IPE) project: a feasibility intervention to expand placement capacity via the establishment of an integrated care (IC) placement experience for University of Bedfordshire's (UoB) Nursing Associate apprentices and Social Work Students

The goal is to develop a learning environment that integrates social work and health for nursing associates and social work students. Because of the role's flexibility and ability to operate in integrated environments, the Nursing Associate is an ideal professional to integrate into an IPE setting as a new placement experience.

Develop and offer an undergraduate integrated care curriculum at the University of Bedfordshire

All health and social care curricula must be updated for the integration of services to become a statute in 2022 to ensure programmes actively reflect the current shift towards integrated services and to adequately prepare recently qualified professionals for the increasingly ICS they will work within. The goal of this project is to create a completely integrated curriculum model that is accessible to all undergraduates.

The Health and Social Care Oral History Project: Giving voice to the lived experiences of Black, Asian and minority ethnic staff working in health and social care in Bedfordshire, Luton, and Milton Keynes (BLMK) progression

The number of Black, Asian, and other ethnic minority employees in senior band 8 and higher jobs appears to be declining. By using "homegrown" staff, the NHS was able to improve patient satisfaction and health outcomes. To better understand the barriers and enablers to career advancement, integrated care, and a diverse workforce in the H&SC sectors, this study will look at these issues. Additionally, using an oral history method, the study will record the career histories of social workers employed at BLMK and members of the NHS.

What are the educational requirements of pre-registration students training within UK ICS to deliver fair and equitable H&SC for service users and carers in underserved communities? -PhD

The UK continues to face a critical need in health inequality, and the implementation of ICS has created a new avenue for delivering comprehensive, significant, and impactful treatments to local populations. The goal of this PhD is to investigate how ICS can provide underprivileged people with fair and equitable care and how this affects new professionals' educational needs.

'Making it to the registers': Documenting migrant carers' experiences of registration and fitness to practice

This project, funded by the Arts and Humanities Research Council, will investigate the relationship between professional regulation and the structures of the UK's healthcare workforce. Collaborating with colleagues at Leeds University, the study will make use of desk-based and archival research, interviews, and user-engagement activities.

Provision of Functional Skills-Maths and English for CTOP, students and others

A background in Maths and English is required for many graduate-level jobs. Many newly admitted students to the university have not completed their GCSE or its equivalent. This harms graduate results and makes it more challenging to get into some courses that require it. This proposal offers a solution which involves implementing an internal City and Guilds-validated functional skills level 2 qualification in Maths and English. The goal is to assist individuals in gaining abilities that companies find valuable and are commonly recognised as being on par with GCSEs.

Building resilience in the caring professions Schwartz Rounds

The goal is to help students and trained professionals "stay and stay well" in their chosen fields of work while navigating the reality of integrated care (IC). To help students start and feel like they belong and staff members at all levels thrive and succeed in providing inclusive, compassionate, IC, the framework takes a "life cycle" approach that promotes emotional resilience, inter-professional reflexivity, and self-care strategies.

The Collaborative-Targeted Outreach Programme (CTOP) – please see case study below

Pillar 2: New ways of working – Embracing Innovation

Co-Production of a frailty and sarcopenia screening and intervention programme for older people from a culturally diverse population

The project aims to co-produce physical exercise and other healthy lifestyle practices with older adults with sarcopenia and frailty from diverse cultural backgrounds. While the NHS mandates that all GP offices screen for frailty using the electronic Frailty Index (eFI), there is no equivalent screening or care for sarcopenia, despite both conditions being associated with poor health outcomes, particularly from people from disadvantaged backgrounds. Physical activity is recommended for both conditions, but programme adherence is typically low.

Improving access to primary care for older people, minority ethnic, and disadvantaged communities post COVID-19 pandemic

There are concerns that the digital divide may worsen if remote service access methods become more widespread due to the COVID-19 pandemic and the rapid expansion of digital services. It is crucial to understand how people view primary care, particularly in relation to disadvantaged groups such as low-income ethnic minorities and those with complex medical needs. The research aims to identify the barriers faced by older, socially disadvantaged, and ethnically diverse populations face when accessing primary care, as well as the effects that these obstacles have on the standard and satisfaction of care received.

Evaluating the impact of Automatic Medication Reminders (AMRs) in a primary care setting to reduce unintentional drug non-adherence and improve health status in older people

This project focuses on addressing non-compliance in medication use, which is costly and prevalent, with unintentional non-adherence accounting for approximately 70% of cases. AMRs offer a novel, secure and practical solution to increase adherence, demonstrating significant financial and patient benefits. The project will recruit pharmacies in BLMK areas to provide AMRs

to patients aged 65 or older who are prescribed at least two drugs, and look at how AMRs affect adherence, quality of life, and use of medical services. A mixed methods process evaluation will assess AMR uptake, intervention delivery and integrity, mechanisms of action, and relevant contextual factors.

Implementing and evaluating a co-produced, community-based intervention to enhance timely antenatal care initiation and uptake among mothers in ethnically diverse socio-economically disadvantaged areas in BLMK

Women from ethnic minorities and those from socially deprived communities tend to access antenatal care later and less frequently than white women and those from less disadvantaged backgrounds, potentially contributing to poorer health outcomes for both mothers and their babies. This project aims to address this disparity by developing a tailored community-based co-produced intervention with the affected communities to improve timely antenatal care initiation and adequate uptake among mothers in ethnically diverse, socially disadvantaged areas of BLMK.

Pillar 3: Safeguarding children & adults with complex needs

Impact of structural stigma on health and wellbeing among Street Inclusion Health Groups

Street Inclusion Health Groups, people who engage in street activities – 'begging,' street drinking, public injecting, street sex work, and rough sleeping- experience extreme levels of social exclusion and health inequalities. There is a considerable intersection between these groups including: addictions, extreme poverty, complex trauma, violence, mental health conditions, criminal justice involvement, and high risky behaviours. The study conducted in-depth interviews and focus groups with different stakeholders across BLMK with an emphasis on the voice of Street Inclusion Health Groups. Having completed the project, the research team has now developed a knowledge exchange plan.

Mental health and wellbeing support for care leavers in BLMK: understanding service provision, experiences, and outcomes to promote system-changes and practice developments to reduce inequalities

Care leavers meet the requirements for an "Inclusion Health Group," a major focus of "Core20PLUS5," and a priority for ICS evaluation and development since they endure pervasive and persistent disparities, including those related to poverty, homelessness, unemployment, and health. Compared to their counterparts who have not experienced care, looked after children and care leavers have higher rates of mental illness and report lower emotional well-being. At the national policy level, it is acknowledged that there is a need to close the knowledge gap and enhance integrated care for children in care and care leavers. This study aims to enhance understanding of the mental health and well-being support needs of care leavers in BLMK, service availability, and barriers and enablers to access and uptake and promote system changes and practice developments.

The 'what it means to me' project: Exploring the practice of listening to young people when responding to child exploitation and extra-familial harm, and the difference it makes to them.

The recent 'Tackling Child Exploitation Support Programme' (or TCE) delivered eight Practice Principles which serve as non-statutory guidance, endorsed cross government. Two of these principles are: '*Respecting the voice, experience and expertise of children and young people*,' and '*Putting children and young people first*.' This research project seeks to explore how young people's views are shared with multi-agency partners, what feedback loop there is back into ongoing service delivery, and what it means to children and young people to have their views listened to, and to provide evidence about what difference respecting young people's voices makes to their engagement with service providers and their outcomes. The project aims to provide insight into how the two Practice Principles named above are operationalised and the difference they make.

Pillar 4: Research Capacity

The UoB is committed to increasing capacity in research, teaching and learning via interdisciplinary and inter-agency collaborations that support communities. UoB are also committed to enhancing the skills of existing staff and providing opportunities for professional and personal development. Within the scope of UoB's work with the BLMK ICS, UoB facilitate and accelerate innovation that has direct impact on the service users as well as to the organisational practices of all stakeholders in H&SC. By offering "seed funding" to three projects with a budget of approximately £15,000 each, service providers can build their ideas for research and innovation with the help of university staff who facilitate research. To ensure that the projects are focused on the community needs and to provide a chance to enhance research capabilities at the end-user level, the scrutinising panel included a community research champion.

"[we] value the 'special' offer that the university brings to the partnership." - ICS stakeholder

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Case Study: The Collaborative Targeted Outreach Programme (CTOP)

The CTOP (delivered under Pillar 1), is a culturally competent outreach intervention developed from research and co-designed with people from diverse backgrounds living in BLMK, which aims to engage with young people, parents, career-switchers, and underrepresented groups to improve knowledge, perceptions, status, and the number of people choosing courses and careers in H&SC. Increasing the diversity of the H&SC workforce leads to improved quality of care for patients, better patient adherence to medical and self-care regimes, and improved outcomes[19]. The design of the CTOP was driven by established community engagement approaches recognised to improve adherence to the aims of the intervention[20], previous widening

[19] HEE, 2014
[20] Lamb, et al 2015; Hanline, 2019; Krause-Parello et al., 2019

participation research carried out at the UoB[21], and a CTOP feasibility intervention to increase the recruitment of 'home grown' South Asians onto nursing and midwifery courses[22].

Objective 1: Identify and select under-represented groups in health and social care in BLMK for the CTOP intervention.

This entailed working with the Student Recruitment, Access and Outreach, and Admissions Team at UoB to review data on the ethnicity, gender and age of students recruited to courses in H&SC. There was an awareness that there is a large South Asian (Pakistani, Bangladeshi and Indian) population in Luton but that people from these backgrounds is underrepresented on H&SC courses at UoB. The evidence base also highlights that South Asian men[23] and white working-class men are also under-represented in nursing and allied health courses. A scoping review carried out by some members of the CTOP team concluded that there is a lack of rigorously researched, evaluated and reported interventions aimed at widening participation into nursing for Black, Asian and minority ethnic men.[23]

Objective 2: Explore the views of the selected under-represented groups to develop publicity materials for CTOP outreach events and inform a drama performance (the CTOP play).

Young people and communities in BLMK were consulted to create a CTOP identity through printed media so that CTOP becomes easily recognisable in BLMK. To ensure that the publicity was representative of the selected underrepresented groups, courses, and careers, the CTOP posters and flyers included local H&SC workers from diverse backgrounds. Advertising materials were used to market the CTOP outreach events to schools and communities. The CTOP Community Researchers dedicated extensive time building relationships with BLMK community organisations and young people to invite them to UoB to co-create the publicity materials. These relationships also played a crucial role during the recruitment phase for both the CTOP community outreach events and the CTOP play.

Objective 3: To improve the knowledge, perceptions and status of nursing and allied health professions among under-represented groups in BLMK.

Integral to CTOP is an embedded culturally competent approach to community engagement, utilising bilingual CTOP Community Researchers from local communities who developed tailored messages as trusted messengers. An ethnographic approach was used to invite communities (parents, young people, and religious teachers, community figures) to the outreach events, e.g. using relationships the CTOP Community Researchers built with community organisations and as well as informal community networks such as personal community contacts, Facebook, WhatsApp groups, Snapchat and Instagram to snowball information about the outreach events. The CTOP community outreach events took place at well-known community venues that were familiar and easily accessible for local communities in BLMK.

[21] Ali et al., 2018; Qureshi et al., 2020a; Qureshi et al., 2020b
[22] Ali et al., 2021
[23] Qureshi, et al., 2018

Table 2: Details of Community and School events[24]

Events	Details
3 community events: BLMK (over 300 attendees across events). 3, 10, 17 February 2024.	Attendees at the community CTOP outreach events took part in: -Healthcare professionals/guess who quiz -Lived experience stories -Course and caters to stalls -UoB staff available for advice -Lunch
2 school events (x10 schools, 150 pupils). 15 & 29 February 2024	Attendees at the school's CTOP events took part in: -Healthcare professionals/guess who quiz -Lived experience stories -Course and caters to stalls -UoB staff available for advice -Library visit -Simulation suit visit -Lunch
Engagement with 113 Organisations in BLMK, including: 13 religious places of worship, 20 community groups, 8 charities, 7 councils or council-related contacts, 7 Sports and recreational clubs and 6 educational organisations	

Objective 4: Commission and develop the CTOP play dramatizing the voices and lived experiences of young people and H&SC professions

Using transcripts from the focus groups, Komola Collective developed the CTOP play, which employed storytelling to bring research findings to life. The play centred on the voices and lived experiences of young people, the community, and H&SC professionals from underrepresented groups, highlighting their perspectives on the challenges and successes of choosing H&SC courses and careers.

[24] The UoB Access and Outreach Team have an established relationship with schools in Luton and they provided a list of contacts and in some cases initial introductions which were then followed up by CTOP researchers by email and phone calls.

Objective 5: to evaluate the CTOP outreach events to understand how research, outreach, and applied theatre can drive real change in workforce development.[25]

Evaluation Findings Headlines[26]

CTOP intervention was delivered in two school events and four community events, covering a total of 38 hours of activities with the participants. In total, 160 individuals took part in the CTOP intervention, with the majority of the participants (*n*=115; 71.9%) from school events compared to the community events (*n*=45; 28.1%). The intervention improved participants' awareness, perceptions and attitudes of H&SC careers as described on the table on the next page.

Table 3[27] School and community events – findings

Results categories	School events	Community events
Job awareness	Initial familiarity with H&SC jobs available was 89.3% and 69.7%. Post intervention, awareness increased by 8.1% and 20.7%, respectively	Initial familiarity with H&SC jobs available was 62.1% and 54.6%. Post intervention, awareness increased by +30.3% and +32.1%, respectively
Career interest	+5.6% increase in considering a job in social care	+2.3% and +4.7% increase in considering a job in H&SC
Promotion confidence	Participants reported increased confidence in recommending H&S careers to family/friends (+11.4% and +14.7%, respectively).	Participants reported increased confidence in recommending H&S careers to family/ friends (+14.4% and +14.5%, respectively).
Career progression	11% and 14.8% increase in the views that there are good H&SC career promotions.	14.2% and 19.1% improvement in perception of H&SC career advancement opportunities
Perception on compensation /salary	The largest improvement was in the belief that healthcare (+16.4%) and social care (+22.7%) jobs are well-paid and offer high salaries.	The largest improvement was in salary (+30.4%) and social care (+31%) jobs are well-paid and offer high salaries.
Changed perspectives	73.7% and 85.1% reported a change in their views about the H&SC professions.	93.3% and 94.3% reported a change in their views about the H&SC professions.
University applications	79.8% and 67.5% of participants reported they would consider applying for H&SC courses at the University.	

[25] The findings outlining the conditions and settings in which the CTOP was conducted are detailed in the CTOP Report available from Professor Nasreen Ali UoB.
[26] The number of participants in this section of the findings will be different to the number of participants in the next two sections (i.e., mechanism and outcome) of the findings. This is because the data was collected using two different tools and not all those who participated in the events filled in their demographic details.
[27] Overall, all the views that were measured in the survey were statistically significant.

Participants pre-intervention expectations in community events included: information and guidance on courses and career options in the H&SC sectors, and networking and professional connections. Following the intervention, participants reported an improved understanding of the career opportunities, job requirements, progression pathways and information access in H&SC.

CTOP play

The CTOP play participants were from a diverse range of organisations and communities with a focus on BAME groups, primarily from the BLMK region (87%, n=153) and mostly from Luton (*n*=139; 79%). Following the intervention:

- 76.1% were encouraged to explore H&SC courses and careers further
- 87.5% felt confident recommending these courses to family
- 88.1% reported better understanding of how to access these courses
- 86.9% reported the play met their expectations
- 47.7% were interested in updates about future CTOP events

When asked how the CTOP play helped them understand the challenges faced by young people in accessing H&SC courses and careers, participants indicated the play was relatable, realistic and accessible; helpful in understanding barriers to H&SC careers; raised their awareness of career options and pathways; informative about alternative and flexible routes; motivational and resilience-building; clear in information; and sharing lived experiences had a powerful impact.

Summary

The CTOP intervention was able to recruit a wide range of people from diverse ethnic communities who are traditionally under-represented in the H&SC courses and NHS workforce. Through a culturally competent approach to community engagement, the intervention reached over 300 people at community events, welcomed 150 school pupils from across BLMK to the UoB, and attracted an audience of 200 people for the CTOP play. The CTOP events were evaluated using both quantitative and qualitative methods. Findings demonstrated that the intervention effectively raised awareness, improved perceptions, and enhanced the status of H&SC courses and careers. All participants reported positive experiences from the outreach events and indicated that attending had raised their aspirations. CTOP is underpinned by genuine community engagement and co-creation, which demand dedicated skills, time, and resources. The CTOP commitment ensues diversity and inclusion in the NHS workforce become a reality rather than mere rhetoric-ultimately leading to better health, better care, and better value.

"[our vision is] to support the ICS with their objectives, improve health and care for service users and tackle health inequalities" - Survey respondent

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III. University of East Anglia

The Health Education England legacy funding for supporting Integrated Care Systems and associated workforce developments at the University of East Anglia (UEA) was used to set up the Norfolk Initiative for Coastal and Rural Health Equality (NICHE), working as an Anchor Institute in 2023. The establishment of the Norfolk and Waveney Integrated Care System (N&WICS) in 2020 presented the opportunity for UEA to collaborate more closely with the health and care system to tackle some pressing local workforce and service issues.

The purpose of NICHE is to leverage the specialised health, educational, research and innovation expertise of UEA to support N&WICS, to achieve its goals of improving population health, reducing health inequalities, improving system efficiency, and making a positive contribution to the wider economy. The NICHE approach has evolved since its conception in 2022, and it now describes its approach as to "*ignite, innovate, and embed research, education evaluation and learning to achieve system level transformation*"[28].

Aims

The aims of NICHE have evolved over time through co-design with N&WICS and partners. The original Business Case[29] for NICHE placed emphasis on a planetary health approach encompassing risks arising from natural hazards and climate change, and the need for health system adaptation. Since then, there has been a closer alignment with the wider goals of ICS generally. There have been three descriptions of NICHE aims: those provided on the website[30], those within the NICHE Impact Assessment Report[31] and most recently, those described in the Theory of Change (ToC). These are summarised in table 1 and demonstrate shared themes.

Table 4: Aims of NICHE

UEA NICHE Website	Impact Assessment Report 2023/24	Theory of Change
• Improve health inequalities across rural and coastal communities. • Sustain health and wellbeing for those who live and work in our region. • Share learning and best practice, scale-up evidence for sustainable improvements, across our workforce and integrated care system.	• Improve health inequalities across rural, coastal, and isolated communities. • Achieve workforce development and sustainable transformation. • Enhance system collaboration and transformation through effective partnership working. • Improve wellbeing and sustainable outcomes.	• Improve outcomes in population health working within and across ICS. • Address inequalities through improved outcomes, experience, and access. • Enhance workforce and system level partnerships through evidence and value for money. • Help the HEIs support broader social and economic development/civic agendas.

[28] Norfolk Initiative for Coastal and rural Health Inequalities (NICHE) Anchor Institute's Impact Assessment Report 2023/24 https://assets.uea.ac.uk/f/185167/x/d4b6d52ddf/niche-impact-final-report-august-2024-1.pdf
[29] The Norfolk & Waveney Institute for Coastal and rural Health Equalities (NICHE) 2022 Business Case (unpublished)
[30] https://www.uea.ac.uk/groups-and-centres/projects/niche accessed 6th January 2025
[31] Norfolk Initiative for Coastal and rural Health Inequalities (NICHE) Anchor Institute's Impact Assessment Report 2023/24

Theory of Change

As part of this evaluation, the NICHE team developed a TOC which sets out how NICHE deploys its resources to work with partners across the N&WICS to deliver improvements in outcomes and impact; the TOC is presented in the Appendices. Analysis of the ToC suggests that NICHE ambitions are to work with the N&WICS to:

- highlight the value of UEA as a health anchor institution, particularly focusing on coastal and rural health inequalities.
- enhance interdisciplinary integration by developing a systematic and targeted approach to maximize the impact of diverse skill sets across disciplines to increase the prevention and health outcome impact of local initiatives.
- drive embedded innovation by supporting 'front-line' health professionals to identify, model and implement innovative approaches to address complex healthcare challenges.
- utilize evidence-based practices through rigorous real-world research and evaluation, generating new knowledge, and facilitating knowledge exchange to inform decision-making;
- align research, education, and embedded learning with practical outcomes to ensure that academic efforts are linked to real-world applications and actionable solutions;
- codify evidence for widespread use using accessible formats that can be broadly applied across health and care settings.

NICHE is designed to deliver its aims through an infrastructure supporting embedded projects across the three delivery workstreams aligned with strategic objectives. Each project focuses innovative practice, research, and workforce transformation to address high priority local challenges and issues. A fourth workstream provides external evaluation across the EPPIC partnership. Impact measurement will be guided by a multi-perspective framework using realist evaluation approaches and a cost-benefit analysis focused on health system efficiency.

NICHE Governance and Infrastructure

NICHE operational governance and decision making is led by a UEA Internal Project Steering Group, supported by a NICHE team responsible for day-to-day delivery. Strategic oversight is provided by a Stakeholder Advisory Panel. Scientific oversight is provided by an Independent Scientific Committee. The governance structure operates as follows[32]:

UEA Internal Project Steering Group (IPSG)

- Comprises of senior representatives from the NICHE team, School of Health Sciences, Norwich Medical School and Faculty of Medicine and Health Sciences.
- Initially focused on NICHE design and implementation. It meets monthly to oversee and monitor project work, monitor funding, and output dissemination.
- Established with a strong commitment to partner with N&WICS with an emphasis on workforce transformation.

[32] Other wider stakeholder engagement within Norfolk and Waveney has included working with the Norfolk and Waveney Arts and Health Collaborative, Norwich University of Arts, the Restoration Trust, the Norfolk Broads Authority, and the Norfolk and Suffolk Culture Board.

NICHE Team

- Operational subgroup of IPSGH which comprises NICHE-funded roles
- Meets weekly to co-ordinate, support, monitor and disseminate the NICHE delivery and evaluation workstreams.

Stakeholder Advisory Panel/Group (SAP)

- Includes senior representatives from the N&W Integrated Care Board and the People Board, local NHS providers, Norfolk County Council, UEA, and the NHS East of England (EoE).
- Initially focused on agreeing shared goals and delivery workstreams. Now meets quarterly for strategic partnership and collaboration.
- Evaluates NICHE's value and impact while identifying funding opportunities[33].

Independent Scientific Committee (ISC)

- Comprises academic representatives from UEA and partner universities (London South Bank University, Cambridge, Staffordshire) and the NIHR.
- Meets quarterly and focuses on quality assurance and scientific standards for measuring workstreams impacts and value.

NICHE Funded Projects

Table 5: Main delivery workstreams

Workforce Intelligence Network (WIN) - The aim is to improve the quality of workforce planning and what is required to achieve sustainable improvements in workforce and associated training and resourcing. Development of an evidence-based workforce model to use real-world local evidence to estimate / horizon scan future workforce needs incorporating changes in population health, and requirements for safety and quality of provision. *Status: In progress*
Therapeutic Optimisation (THEO) - The aim is to improve health outcomes for patients. THEO is a complex intervention aimed at optimising nursing care and the patients' experience of care. Two embedded research nurses will be working with staff and patients on 2 inpatient wards to seek opinions on best practices. The project blends participatory and traditional approaches to research with a view to build capability, capacity and confidence to undertake future research across the nursing team. *Status: In progress*
Workforce Optimisation - The aim is to build research capacity, capability, and confidence across the workforce. This covers projects embedding transformation through research, evaluation, and/or innovation practice through service improvement across Norfolk. Each project has a set of unique aims and outcomes aligned with the NICHE aims. A list of projects is provided on the NICHE website[34] and one of these projects, the NICHE Fellowships, is provided later in this section. *Status: Some projects are in progress and some nearing completion*.

[33]Used as a forum for publications such as the NICHE 1st Annual Report in 2023, Impact Report (2024) for the N&WICB.
[34] https://www.uea.ac.uk/groups-and-centres/projects/niche/workforce-optimisation

The NICHE team have supported these workstreams via: mentoring and coaching including from external mentors; facilitating networking between project leads and experts across the system; organising shared learning events, particularly in relation to evaluation frameworks for assessing economic value; ensuring structured reporting and facilitation of conference[35] and publication papers for shared learning[36]; and rewarding success through supporting and funding innovation awards[37]. Each workstream and project has been tasked with demonstrating impact with results presented as part of final reports / deliverables.

Internal Evaluation

The internal NICHE evaluation is a mixed methods realist evaluation approach[38] with insights collected through document review, semi-structured interviews, and thematic analysis. The approach is collaborative and participatory to ensure a range of perspectives are incorporated. A research programme protocol has been prepared to address the question "*what factors and mechanisms drive highly effective integrated care systems and workforce transformation*"[39]. This includes plans to utilise evidence from the Workforce Optimisation workstream place-based projects using detailed case studies.

The internal evaluation will be completed during 2025 and aligned to the external evaluation across all 6 HEIs within the EPIIC programme. NICHE has also embarked on a collaboration with the Norwich Business School to undertake a cost-benefit analysis of selected projects, and to develop a wider framework of economic impact based on the Triple Helix model of innovation[40]. Results from the cost-benefit analysis are likely to focus on health system efficiencies and productivity improvements arising from the projects. These include, for example, efficiencies related to admissions avoidance, shorter length of hospital stays, and reductions in staffing related inefficiencies. However, the wider triple helix framework being considered has the potential to provide a broader perspective.

Emerging Themes

All projects under the three workstreams are unlikely to have been initiated or funded in the absence of NICHE. The overall approach taken by NICHE has been to establish the funding, governance, and operational infrastructure, to enable and accelerate problem solving innovative initiatives that have been proposed by individuals, communities, and organisations representing N&WICS.

Contributing factors to the success of NICHE include:

- *A supportive culture:* feedback from stakeholders suggests that the NICHE culture has been instrumental to it having supported so many embedded projects across multiple challenges

[35] Conferences at a local level (Dunstan Hall, June 2023, and John Innes Centre UEA, June 2024), regional events across the East of England and internationally (forthcoming presentations at the International Foundation for Integrated Care (IFIC) Conference in Lisbon and conferences in Canada, America and Finland.
[36] There are already a significant number of peer reviewed and other publications, including journal articles, conference abstracts, book chapters etc. that have been developed through the NICHE activities. These can be accessed on the NICHE website.
[37] The Norfolk Care Awards, Flourish with Norfolk County Council Children's services, 2 Embedded Scholarship Celebration events, and Staff Innovation awards at QEHKL.
[38] https://www.betterevaluation.org/methods-approaches/approaches/realist-evaluation
[39] An HEI based 'Anchor Institute' working to achieve integrated care system and associated workforce advancements. Unpublished UEA 2024.
[40] https://en.wikipedia.org/wiki/Triple_helix_model_of_innovation

facing Norfolk and Waveney. The NICHE culture is characterised by stakeholders as open, transparent, inclusive, and being collaborative.

- *Investment in shared ambitions*: a shared vision and ambition was needed for working in partnership.
- *Formal governance structure:* been positioned within the Faculty of Medicine and Health Sciences and be governed internally by the UEA whilst being supported and guided by strategic partners and scientific experts was considered key success component.
- *Wider partnerships and community engagement:* importance and value of broadening partnerships beyond UEA and the N&WICS.
- *A sustainable funding model*: funding is critical, and on-going funding will be required if it is to continue and potentially grow its impact and value. Research is a core function of UEA, and ICS also have a statutory requirement to facilitate and promote research. NICHE could become part of the portfolio of organisations supporting these goals either for N&W or as part of a wider EPIIC innovation hub for EoE NHS.

For NICHE to further build on its relationship with the N&WICS and NHS EoE, it will need to overcome some important challenges:

- *ICS Capacity constraints*: the N&WICB has been required to reduce its operational costs and associated workforce, with further reductions and the potential for merger with other ICBs. This carries the risk of loss of continuity of communication, collaboration, and focus. For an initiative providing "Anchor" support to the system, this can be an opportunity, enabling stability / on-going focus on using workforce / service innovation to address underlying system challenges. However, it can present as a threat as the N&WICB will be prioritising its strategic commissioning role and may not have leadership capacity to engage with NICHE.
- *Constraints on Health system provider capacity*: workforce changes and service delivery require collaboration with health system providers at both host organisation and individual clinicians' levels.
- *UEA Bandwidth*: universities are facing financial challenges arising from the fixed nature of tuition fees, the decline in international student enrolment, and increased competition for research funding. UEA is no exception and has announced significant workforce reductions to address an underlying financial deficit[41]. As with the N&WICB, this carries the risk of compromising the strategic commitment to NICHE from the School of Health Sciences, Norwich Medical School and the Faculty of Medicine and Health Sciences.
- *Conflicting priorities:* The SAP has provided an opportunity to formalize discussions between the multiplicity of stakeholders across N&W to ensure agreement on the work delivered by NICHE.
- *Communication challenges*: The reduction in partner funding has resulted in a high level of personnel changes within and across system partners, and internal roles at UEA which presents continuity challenges and miscommunication risks beyond the formal groups.
- *Sufficient appetite for innovation:* feedback suggests widespread cultural barriers to innovation and risk taking.

[41] https://www.uea.ac.uk/about/news/statement/update-on-ueas-financial-position

Going forward, the establishment of NICHE offers the opportunity for collaboration between UEA and N&WICS to deepen and broaden. This will require funding but, if NICHE is able to demonstrate its value to potential funders and partners there is scope to focus even more closely on addressing the specific challenges as they relate to the coastal and rural socio-geographic context, and the UEA civic agenda.

Case study: the NICHE Fellowships

As part of the Workforce Optimisation Workstream, NICHE provided £240k grant funding for Embedded Fellowships covering four projects:

- 'Seeing Red' - Improving End of Life Care Pathway Across West Geographic Place.
- Norfolk Antenatal Pathway for Women and Birthing People with Learning Disabilities.
- Co-producing a Child Holistic Rural and Coastal Health Passport (CORACLE)
- Improving Early Mobilisation after Femoral Fracture Surgery: An MDT approach

The Fellowships are nearing completion and project reports are in preparation. The Fellowships were co-designed by the NICHE team and the N&WICB senior clinical leadership to enable locally identified innovation projects that were aligned with the NICHE goals and could be delivered by local staff.

The selection process for Fellows involved an 'Open Call' inviting applications from across the N&WICS –jointly sponsored by NICHE and the N&WICB Medical Director. A total of 15 applications were received and submissions were reviewed through a structured application process. The fellowship projects needed to incorporate collaboration with stakeholders, sustainable care systems, and integrated planning for safe, person-centred, and place-based practices. They needed to align with Norfolk and Waveney ICS goals, include participatory research for meaningful impact, and contribute to sustainable health outcomes while supporting workplace culture improvements. Funding was available for five fellowships, however, only four applications were selected as meeting the criteria. The fellowships were designed to build embedded research capacity, support workforce transformation, and boost research confidence within N&W ICS and participating organisations. Fellows had a mix of clinical and educational / research backgrounds and were at different stages of their careers.

Fellows received ongoing support through mentorship, shared learning / active learning events, access to tools and resources, and connections to expertise tailored to their project needs. Post-programme efforts will focus on building a lasting community of practice through quarterly meetings and sharing insights widely. The funding for each fellowship included £10,000 of development funding that could be drawn down to cover study tours, training and dissemination activities related to the projects. Fellows have been tasked with documenting their projects in a final report and sharing their work through shared learning events, blogs and articles for the website, and a peer reviewed publication. Project reports are awaited and so an evaluation of the value added from each project has not been undertaken.

Interviews and workshops have been held with three of the NICHE Fellows who reported the following *positive* attributes and outcomes of the programme:

- *Inclusive application process*
- *Impactful on-going support:* support provided and the networking / shared learning that has been provided is reported as having been very positively received. The personal development funding was seen as invaluable in enabling access to conferences, training, and study tours.
- *Embedded place-based research:* fellowships were designed to be system- embedded.
- *Sustainability design*: projects were designed to be replicable/enable shared learning.
- *Focus on population and patient outcomes*
- *Enabling on-going research:* one of the fellows reported the ripple effect of the research is already cascading into a wider programme of work and the opportunities for embedding the research across the ICS.
- *Workforce (re)Engagement:* fellows reported the programme had increased their confidence, their ability to lead projects and enabled them to develop new skills and knowledge. Importantly it had motivated them to continue with their careers and research.

There are also improvement areas if it continues (or is replicated elsewhere):

- *Links to ICB Commissioning:* each project has implications for commissioning and/or service delivery but there is a lack of clarity about how the results can be communicated directly to the relevant commissioning leads at the ICB. Despite official strategic buy-in from the N&WICB there is no clear strategic commissioning "home" for these types of initiatives going forward.
- *Project duration:* fellows have faced challenges balancing their commitments to the project with their other day-to-day duties and responsibilities. They reported that both the NICHE team and their employers had been flexible in allowing them to extend timetables, but they all reported that they would have benefited from longer project timescales.
- *Recognition:* fellows reported that they have become part of wider research and professional networks because of their NICHE involvement. However, they are unclear how they can account for their involvement with the fellowship other than through publications.
- *External Mentors*: NICHE team support was invaluable; there was concern that the requirement to self-identify a mentor had not worked as well as it could have.
- *Practical barriers:* fellows have encountered practical barriers associated with working across multiple organisations (e.g., IT access, data sharing etc.), library access. It would be helpful to anticipate these in advance and provide practical support early in the process.

Summary

The NICHE Fellowships seem to offer a relatively low-cost, innovative model for funding innovative embedded and scalable research projects with potential to support ICS goals delivery. The model works by combining the development of research skills, capability, and leadership development with service improvement initiatives that staff have nominated and feel passionate about. Successful projects are likely to be sustainable and have the potential to be incorporated into strategic commissioning and/or delivery models if supported by the right communication and engagement channels. This approach to staff development and service innovation is also likely to be easily expanded and should be replicable across other systems.

IV. University of Essex

Following the Anchor investment from NHSE, the University of Essex's Health Wellbeing and Care Hub (in collaboration with the Mid and South Essex Integrated Care System, and regional NHS Integrated Care Boards), was established in March 2024, as a centre of excellence in health and care-related workforce development, practice and applied research. The three main pillars underpinning the HWCH are workforce development, service provision and clinical research. Within these pillars, there are six key themes under which all activities fit: the promotion of health and wellbeing; communication support; knowledge exchange; facilitating mobility; enhancing cognition; negotiating life.

""The driving force of the HWCH is to collaborate with our local partners, stakeholders and the community, to deliver impactful and innovative evidence-based inter-disciplinary services which enhance local provision, targeting health inequalities, and are delivered by students under supervision, to extend and consolidate the future health and social care workforce and generate research that makes meaningful differences in the lives of people." - Professor Victoria Joffe, Dean of Integrated Health and Care Partnerships

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Operating Model

The student-focused HWCH is designed to address service gaps and encourage collaboration between third-sector organisations and primary care providers. Whilst it is not a profit-driven venture, the Hub serves as a valuable resource for the university and its partners, supporting the development of innovative, and in particular, interdisciplinary clinical practices and educational approaches. The Hub is backed by a range of partners, including local Integrated Care Boards (ICBs) in Mid and South Essex, and Suffolk and North East Essex. It also collaborates with other higher education institutions such as the University of Suffolk and Anglia Ruskin University, to facilitate student placements. Strong ties with voluntary sector organizations across Essex and Suffolk further extend the Hub's reach, with efforts underway to make it even more accessible to a wider network of local partners.

Although the relationship with the ICBs is informal, they play a key role in guiding the identification of service gaps and setting priorities. The university retains autonomy over the development of services and placements. The Hub's governance structure ensures it operates independently while remaining integrated with public health systems, reporting to the university's steering group. also helps guide investment decisions and strategic direction. In terms of governance, there is a dedicated advisory group in place which informs decision making and wider stakeholder engagement ensures investment in service development and is supported by collaborative partners and is in line with key community system priorities.

Achievements to date

Over the previous 12 months, the HWCH has recorded some notable progress and achievements in terms of students, patients, services and research, which highlight a real breadth of ambition and innovation. These have seen the Hub Short-listed for and awarded two SNEE ICB AHP awards – one to the entire HWCH team for innovative student placement delivery and the 2nd to a senior technician, for student support worker of the year. Highlights include:

Students

- Supported 62 AHP and nursing student placements since January 2024 to date (including physio students from University of Suffolk / and discussions with Anglia Ruskin University to take students)
- 80 new referrals accepted from the community.
- 690 clinical care contacts completed (22% of these were online clinics)
- Commissioned to provide a pro-active frailty service alongside Tendring Community Transport Service

Services

- Various group sessions delivered e.g., *Move and Meet*, *Upper limb*, *Wiggle and Words*
- 121 sessions – Physiotherapy / Occupational Therapy / Speech and Language Therapy – adults and children (including working in mainstream schools)
- Neuro Rehabilitation Online Clinic – NROC
- Stroke Information Programme in collaboration with Stroke Association (East of England)
- Outreach visits to "Dancing with Parkinson's" with charity Dance Network Association
- Elective home education project
- Adults with developmental language disorder co-production service
- NHS health checks – Nursing students

Research

- Part of UoE Impact Academy Leadership Forum
- The Hub estate is being costed into pan-University research grants.
- NIHR grant to host an 'Acquired Brain Injury Social Care Network' as part of the family of NIHR research incubators – Post doctoral Research Officer to be hosted in the Hub for 3 years.
- Promoting undergraduate and postgraduate research projects
- Well-established links with Healthwatch Essex
- Clinical research interest from national charities such as PDUK
- SEND screening tool in collaboration with MSE ICB
- Development of the POAT – Profiling Outcomes Across Time -outcome measures
- Research Innovation: Children and young people (CYP) in care with social care services, adults with Developmental Language Disorder and CYP in elective home education.[42]

[42] Conference presentations on these three new areas of research have been accepted for delivery by staff at one international (33rd World Congress of the International Association of Communication Sciences and Disorders) and one national conference (Child Language Symposium – University of Reading) in August and September 2025 respectively.

Evaluation

In terms of internal evaluation activity, there are routine evaluations of staff, student and service users, to assess the overall effectiveness of the HWCH. Students also complete an evaluation after each placement, and service users will be asked to complete a service evaluation at the completion of the service they have attended. In addition, other metrics are collected to evaluate performance.

Emerging findings

The following findings are drawn from the range of primary and secondary research activity detailed above. They capture the views of stakeholders (including staff, students and steering / working groups).

Theory of Change

The HWCH team has developed a theory of change (ToC), which maps a clear and structured explanation of how the activity of the Hub will lead to meaningful change. The ToC captures the step-by-step logic behind the approach, from the inputs and activities delivered to the intended outcomes and impacts. The ToC is presented in the appendices alongside the other ToCs (HEIs / Partnerships & EPIIC) related to the overall evaluation. The following summarises the ToCs expected issues, outcomes, and impacts in relation to its overall aims.

Aim 1: Improve outcomes in population health and health and social care - The HWCH initiative will address key challenges faced by populations in coastal, rural, and isolated communities in Essex and Suffolk and wider afield, where health inequalities persist across all age groups. With an ageing population and complex health needs, the program aims to improve access to integrated care pathways, particularly for underserved groups.

Aim 2: Tackle inequalities in outcomes, experience, and access - HWCH will work to close gaps in health outcomes and access, especially in areas of deprivation and where social determinants such as loneliness, poor diet, and inactivity impact wellbeing. A key component will be the expansion of amenities which help people access health services that they otherwise could not.

Aim 3: Enhance productivity and value for money - HWCH will focus on leveraging student placements as a valuable workforce resource which will contribute to better value for money in local service delivery. By training students in interdisciplinary, integrated care models, the initiative will enhance staff capabilities, promotes advanced practice, and improves employability.

Aim 4: Help the NHS support broader social and economic development - The initiative will play a key role in driving economic development by offering education and employment opportunities through integrated student placements. In improving workforce skills and supporting staff retention in health and care roles, HWCH will contribute to the broader economic development of the region.

Aim 5: NHS / HEIs to support broader civic role - HWCH will strengthen the civic role of both the NHS and HEIs by fostering collaboration and providing opportunities for students, staff, and

communities to engage in health-related initiatives. Through its outreach and integration into local NHS commissioning, HWCH will contribute to shaping local healthcare policy and practice.

Stakeholder views

Stakeholders were very supportive of the ToC and the wider aims of the Hub and a number of respondents indicated that they were involved in the development of both through various group participation. In addition to the five main aims, stakeholders made other suggestions for consideration, these included - contributing more to the sharing of best practice and innovation beyond Essex/Suffolk; providing opportunities for communities to participate in high quality research; supporting the integrated care systems future shift by preparing its future workforce for the shift in mindset about what health and care services look like and what they deliver on.

"[The HWCH] is quickly becoming the 'go to' for stakeholders to find research expertise, innovation and best practice by the ICS, individual Trusts and third sector" - Stakeholder

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In terms of priorities, the 5 main issues were as follows:

- Service innovation and integration: to develop and introduce new services based on research findings.
- Collaboration: to strengthen connections between university health research and the community
- Workforce development: with a focus on recruiting, retaining, and developing a future workforce
- Health equity and access: to address health inequalities by tackling service accessibility issues.
- Shift from illness to wellness: to focus on promoting wellness and preventive care.

Stakeholders felt that it was still very early in relation to service delivery and relationship building to assess progress towards aims. However, it was felt that the intended outcomes and impacts covered expectations with some added ideas and qualifications (the limitations imposed by funding were acknowledged; there was desire expressed to be more ambitious in terms of impact on service users; it was felt that there was a need to broaden the reach in terms of measuring social determinants).

There was appreciation for prospective service provision, including the potential for new provision to address gaps in both NHS care pathways and the education sector. It was suggested that the responsibility for fostering a 'can do' culture should be spread more widely across systems and organisations, with the views that a 'well-cultivate culture' can positively impact the adoption of increasingly innovative projects and initiatives.

In addition to asking stakeholders to comment on the aims of the HWCH (as captured in the ToC), respondents also highlighted the HWCS's ability for impacting on the key areas of investigation aligned to the evaluation. The headline findings were as follows:

Innovation - the development of the physical space of the HWCH on the campus, strengthens its ability to provide a consistent local asset to its community. It provides innovative, integrated and engaging clinical placements to health and social care students

Transformation - the HWCH can provide innovative and impactful services that meet the needs of the local community, which empower individuals to maximise their health and wellbeing outcomes and to live well

Continuous Improvement - The Hub is the collaboratively link between the education and research sector and local health and social care systems. This means that clinical practice and theory combine to informing and improve local commissioning and evidence based research

Culture – The Hub fosters a collaborative and transformational culture, promoting an integrated and innovative system-wide adoption of new initiatives. It encourages academics, students, and partners, to share responsibility in tackling healthcare challenges and driving impactful change.

In terms of enablers of, and barriers to, success, the following captures the findings drawn from all aspects of the evaluation:

Enablers of Success	Barriers to Success
Effective Governance and Leadership: Clear leadership frameworks and innovative, strategic leadership foster alignment and decision-making *Strong Stakeholder Network:* A well-established and collaborative network of stakeholders ensures broad support and enhances the project's impact. *Sector Awareness and Responsiveness:* A deep understanding of sector needs and a proactive approach in responding to evolving challenges. *Motivated and Dedicated Team:* A committed team with diverse roles working collaboratively drives momentum and success. *Integrated, Holistic Approach:* The integration of various services / projects, promoting interconnectedness across health, care, education, and research, fosters a well-rounded approach *Stakeholder-Driven:* Inclusive, stakeholder-driven decisions encourage innovation, ensuring that the hub responds effectively to the needs of all involved.	*Financial Constraints:* Unstable funding, along with financial pressures within local ICBs, can hinder the ability to scope opportunities / sustain activities. *Strategic Direction:* challenges presented by pressures in Academia; changes in the health sector structures; responding to the 'future shift' *Capacity Limitations:* Insufficient staff, infrastructure, or resources can impede the ability to scale initiatives and meet increasing demands. *Resistance to Change:* Historical expectations, fear of the unknown, and reluctance to embrace new approaches can create barriers to innovation and progress. *High Staff Turnover:* Potential changes in staff disrupt continuity, lower morale, and increase the challenges of training and retention. *Unrealistic Expectations and Risk Aversion:* Impatience for rapid results and a fear of taking risks can lead to hasty decisions, stalling long-term success and growth.

"The HWCH bring together ICS and third sector partners to share best practice very effectively. They use this insight to connect with relevant researchers within the UoE to ensure effective knowledge mobilisation" - Stakeholder

In addition to capturing the views of stakeholders, an online survey was deployed to allow staff and students to reflect on their experiences of the HWCH. This survey will provide a baseline with which to provide comparators and to map future trends through establishing a longitudinal study. To date all 28 students have completed the survey (both undergraduate students and apprentices).

Staff and Student views

- The hub has had a positive impact on students in relation to their academic studies (100% responses indicating a positive impact); confidence (95%); knowledge (100%); skills (100%); career ambitions (95%)
- Relationships (between staff, students and colleagues) have been positively impacted with the biggest impact being between students and patients.
- Levels of confidence have increased in key areas (Procedures for the planning, provision and management of person centred care / Providing and evaluating person-centred care and coordination of person-centred care) and have *significantly* improved in others (Assessing patient needs and planning person-centred care)
- In terms of assessing aspects / experiences of their studies, the main ones are - Staff knowledge (95% state this was very good or excellent); support materials / resources (90%); staff communications (85%); equipment and technology (85%)

"Overall, this has been an incredibly beneficial placement and I now feel more prepared to go into practice." Student respondent

- Respondents state that 'peer learning;' community based learning;' and exposure to specialised programmes (e.g., fatigue management, Stroke Association webinars) are working well.
- There was some indication of areas that could be improved and these included clarity on 'uniform', guidance on behaviours and the establishment of standards related to these.
- Staff were enthusiastic about their experiences related to colleague support, physical space, support materials and technology; and positive impact on teaching experience

"I like the fact that we have time to give the students that we don't have in the NHS. It is a very nurturing environment, that is busy but not so busy that your students risk being/feeling neglected" Staff respondent

Summary

The Health and Wellbeing Care Hub (HWCH) seeks to improve population health outcomes, reduce health inequalities, and boost productivity and socio-economic development across Essex and Suffolk and wider afield (e.g. nationally through online services). It serves as a collaborative platform between the NHS, third sector organisations and Higher Education Institutions (HEIs), addressing diverse community challenges and tackling systemic service gaps (including as ageing populations, complex care needs and workforce shortages). In addition. aligned with the goals of Health Anchor Institutions and EPIIC, HWCH plays a critical role in workforce development through student placements, CPD[43], and initiatives that support staff recruitment and retention.

The hub also fosters innovation in care models and service integration through partnerships with universities, Integrated Care Systems (ICS), and third-sector organisations. Emphasising inclusivity and research-led service improvement, the hub enables knowledge transfer, addresses diverse health needs, and strengthens both internal and external collaborations. Its commitment to community engagement, interdisciplinary collaboration, and continuous innovation positions HWCH as a key driver of regional health transformation.

Looking ahead, the HWCH has the potential to further expand beyond Essex and Suffolk, supporting other Integrated Care Systems (ICSs) and influencing national healthcare policy by promoting innovative care models and best practices. Challenges will inevitably need to be overcome (budgetary, future-shift, wider HEI issues etc.), however, the hub's integrated approach to research, service delivery, fostering knowledge sharing and workforce training, can be a model for other areas to adopt and shape to fit.

[43] Including talks for professionals, termly Hub lectures as well as Makaton training for professionals.

V. University of Hertfordshire

The University of Hertfordshire Integrated Care System (UHICS) Partnership Programme was established in 2023 as an innovative, dynamic collaboration maximising the university's expertise to support the newly formed Integrated Care System model. The University of Hertfordshire (Herts), the Integrated Care Board (ICB), Hertfordshire County Council (HCC), Essex County Council (ECC), and the Voluntary, Community, Faith and Social Enterprise (VCFSE) Alliance work together to ensure Hertfordshire and West Essex (HWE) is a great place to live, learn, work, and stay.

A multi-organisational Strategic Advisory Group (SAG) leads on driving strategic system collaboration, positively exploiting opportunities to solve complex system challenges. The SAG is made up of representatives from each core partner to strengthen system credibility and innovation, address complex challenges through collective action, build capacity and develop talent across organisations, leverage knowledge exchange and research and facilitate shared funding and resource allocation.

In addition, a Steering Group is charged with leading on managing the programme, championing innovation and improvement, ensuring project accountability and transparency, monitoring project progress, and contributing expertise.

Since 2023, the partnership has come a long way and improved relationships between organisations, which has enabled them to establish a clear and shared vision with collective aims and objectives. A new structured pathway allows access to the university's globally leading research, knowledge exchange and academic expertise, and outstanding university facilities.

"By aligning strategic research, education, digital innovation, and workforce development, we are creating a partnership model that delivers long-term impact across Hertfordshire and West Essex for our students, our workforce, and our population." Programme Director

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Operating Model

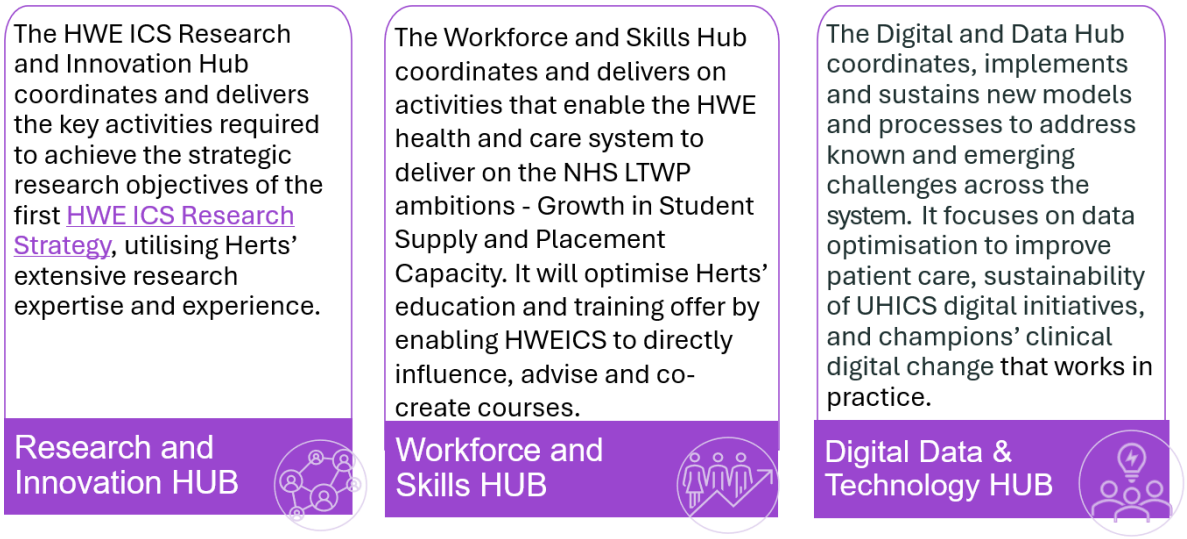
Initially launched with a broad and exploratory focus, the UHICS Partnership has significantly evolved in scope and impact. As its work matured, key initiatives naturally aligned into three specialised hubs acting as gateways to expertise, each designed to foster innovation, knowledge exchange, and cross-sector collaboration:

- Research & Innovation
- Workforce & Skills
- Digital, Data, & Technology

Together, these virtual hubs provide targeted support and insight under each theme, helping to shape a more integrated, informed, and future-ready health and care system. With sustainability always in mind, they are being embedded into separate schools within the university to enable continued access and to create a lasting impact post the formal partnership.

Each hub plays a strategic role in aligning activities and deliverables with broader objectives to ensure a cohesive and effective approach to the theme; however, they are also cross-cutting and work together to ensure activities and deliverables are as informed as possible.

The hubs facilitate creative thinking to drive forward solutions to complex system challenges



Projects

The range of projects showcases the breadth of ambition of UHICS. These projects are focused on addressing critical system-wide challenges, such as workforce recruitment and retention, to ensure long-term sustainability. They seek to drive service transformation through research and insights that inform new models and practices.

A strong emphasis is placed on investing in digital, data, and technology to enhance workforce efficiency, service delivery, and training. Additionally, the projects align with the partnership ambition to support voluntary, community, faith, and social enterprise organisations within HWE to strengthen their capacity to serve local communities effectively.

In terms of internal evaluation activity, each project self-evaluates and reports progress and outcomes to the steering group. Each project, its focus and its objectives are summarised below:

"[It's] great to be able to use the skills and expertise within the university and apply these to real-world scenarios in health and care", Stakeholder respondent

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Project	Focus	Objectives
The HWE Research and Innovation Hub	Driving research-informed health and care initiatives that align with ICS priorities by leveraging the University of Hertfordshire's expertise.	Its goals include championing and supporting researchers, embedding research into health and care to benefit the population, creating the first HWEICS research strategy aligned to the HWE Integrated Care Strategy, focusing on local research priorities and needs that inform service improvement, population health, and workforce strategies across the system.
System Dynamic Modelling for Future Strategic System Needs and Demands	Within health and care settings advance the use of population health analytics by incorporating Artificial Intelligence (AI) and Machine Learning.	**Phase one** - Develop an understanding of demand for health services over the longer term and how this demand from different segments of our population will manifest itself by understanding population demographics and current factors driving demand **Phase Two** - Develop scenario modelling techniques to understand how this future demand can be mitigated for our population and different segments through a range of best practice or emerging interventions **Phase three** - Understand what the system response needs to be for these future scenarios, including future workforce and system capacity.
Research Project	To offer valuable insights into students, supervisors and placement providers' needs and preferences during clinical placements.	Increase student engagement / embed a 'Safe to Speak' culture / effective and personalised mentoring / streamline remote student management / digital integration. The findings will guide the development and refinement of a system solution.
A Web-Based Decision Support Tool for Healthcare Service Planning and Redesign	The project addresses the growing demand for healthcare services by developing innovative solutions to manage waiting lists, outpatient visits, diagnostic tests, and both elective and non-elective treatments.	Development of a user-friendly, web-based simulation-powered tool to empower decision-makers with a comprehensive analytical framework to anticipate the impacts of proposed changes in healthcare delivery. A key feature of the DST is its ability to compare "as is" (the current state) versus "planning" (scenarios of interest, such as changes in the patient pathway), allowing for direct evaluation of potential improvements. The DST will initially focus on the Cardiology speciality, with potential for expansion to other areas in the future. A key objective is optimising resource management, including staffing, theatre availability, bed capacity, and clinic accessibility. Importantly, the tool enables key decision makers to establish comprehensive workforce modelling, helping healthcare leaders better understand staffing needs, allocation, and utilisation to enhance operational efficiency and ensure optimal resource distribution throughout the healthcare system.

Immersion for Care: Using Extended Reality (XR) to Advance Health and Social Care Recruitment and Training	This project addresses XR innovation from a task-effective and sustainable perspective, while also introducing a novel use case currently in high demand: professional recruitment.	The project key aims are: · Task-effectiveness. A realistic yet cost-effective solution that enables users to experience, firsthand, actions performed by professionals through the proposed image-based XR approach. · Sustainability. A flexible and long-term solution tailored to specific needs, empowering practitioners and healthcare professionals to create and adapt training sessions in-house. · Application innovation. A practical and flexible XR tool designed to support healthcare workforce recruitment and development.
Social Value Calculator (SVC)	A purpose-built web-based framework designed exclusively by and for the VCFSE and health and social care sectors, addressing the limitations of other existing generic tools.	Developed through a collaboration between Hertfordshire and West Essex Integrated Care System (ICS), the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector, and the University of Hertfordshire, the SVC represents a significant advancement in social value measurement. The SVC empowers the VCFSE sector by providing an easy-to-use tool that showcases their impact on preventative efforts, measures outcomes including quality of life and well-being, adjusts impact based on deprivation scores, and enables staff to monitor and enhance service delivery.

Theory of Change

In consultation with stakeholders, a theory of change (ToC) has been developed, which maps a coherent pathway from inputs and activities delivered to intended outcomes and impacts. The ToC is presented in the Appendices, alongside the other ToCs (HEIs / Partnerships & EPIIC) related to the overall evaluation. Contexualised within the current education and health climate, the UHICS ToC sets four ambitious overarching aims, which are underpinned by inputs, and measurable intended outcomes and impacts and are summarised as follows:

Aim one: To support and develop healthcare students into a highly skilled, future-ready workforce through the facilitation of collaboration across the health and care system to achieve the workforce ambitions set out in the NHS Long-Term Workforce Plan (LTWP). The primary aim is to ensure students are equipped with the practical skills, critical thinking abilities, and adaptability needed to meet the evolving demands of the sector. Students' readiness for future challenges will be enhanced by integrating emerging technologies and bridging the gap between theory and real-world practice. This will involve partnerships and collaborative networks, and initiatives to increase equality and access, which should ensure that all students benefit from improved opportunities and support throughout their educational journey. Ultimately, the goal is to create clear, supportive pathways from education into meaningful healthcare careers, fostering improved student experiences, retention (encouraging students to train and stay local) and employment outcomes. By positioning the university as the institution of choice for healthcare aims to attract and retain a diverse and talented workforce.

Aim two: To establish a Research & Innovation Hub by driving research-informed health and care initiatives that align with ICS priorities, ensuring evidence-based improvements in service delivery. The Research & Innovation Hub aims to bring together healthcare providers, academic institutions, and industry partners to drive impactful research that addresses current healthcare challenges. By fostering a collaborative environment, attracting skilled researchers, and ensuring access to cutting-edge technology and funding, the hub will embed research and innovation into healthcare system redesigns. Prioritising alignment with local health needs and ICS objectives, the hub will also expand research activity, grow the regional research workforce, and create clear strategies and pathways to translate research into real-world improvements. This integrated approach will increase research outputs, including publications and submissions to the Research Excellence Framework (REF), whilst shaping policy and practice to drive system-wide improvements. Ultimately, the hub aspires to position the region as a leader in healthcare research and innovation, creating lasting impact for both the academic and healthcare communities.

Aim three: To establish a Digital, Data & Technology hub by enhancing efficiency through digital and data optimised services and fostering innovation in education delivery, to support a modern health and care system. In harnessing the power of technology the hub aims to transform healthcare delivery, education, and decision-making. It will address the rapid pace of technological change, ensure data security, and bridge the digital divide. It aims to cultivate a skilled workforce capable of leveraging digital tools to enhance patient care and operational efficiency, while embedding cost-effective, innovative solutions that support sustainable service transformation aligned with local health priorities. Through the promotion of digital leadership and a culture of innovation, the hub will drive lasting change across the health, care, and education sectors. By scaling digital adoption, improving clinical practices, and enriching educational experiences for students, the hub will deliver tangible improvements in service delivery and workforce development and position the region as a leader in digital health innovation. This should ensure long-term sustainability and measurable outcomes for patients, professionals, and communities alike.

Aim four: To sustain strengthened relationships for long term system impact, ensuring sustained collaboration and enabling the partnership to thrive and continue delivering meaningful change across the system. The aim is to build / sustain robust, long-term partnerships across healthcare, education, policy, and community sectors to drive systemic, enduring change. By aligning diverse stakeholder priorities, fostering trust, and creating clear, collaborative frameworks, the approach ensures ongoing knowledge-sharing and effective coordination. Streamlined workforce meetings and greater inclusion of Voluntary, Community, Faith, and Social Enterprises (VCFSE) will strengthen collective action, while leveraging funding opportunities like the REF will further reinforce the sustainability and growth of these partnerships. This should result in measurable, long-term impacts that support the future of health and care services.

Stakeholder views

Throughout the evaluation stakeholders' views have been sought through various media and forums, in relation to the overall investment, aims and ambitions and to the respective projects. Stakeholders were generally well-informed about the aims of UHICS, particularly its focus on

developing healthcare students into a skilled workforce, though awareness was slightly lower regarding the Research & Innovation Hub and the Digital & Technology Hub, with some indicating only partial knowledge. Most stakeholders were familiar with UHICS governance arrangements and reported having contributed to shaping its aims. Key challenges identified by stakeholders were largely system-focused, including cultural readiness for partnership working, better utilisation of existing expertise, and the need for capacity investment.

The ToC was well received, with stakeholders aligning with the intended outcomes and impacts, although some called for greater emphasis on supporting the voluntary, community, faith, and social enterprise (VCFSE) sector. Many also saw potential for the UHICS model to be expanded to other higher education institutions, provided that appropriate adaptations are made. In addition to commenting on the aims of UHICS, stakeholders also highlighted the ability to impact on the key areas of investigation aligned to the evaluation. The headline findings were as follows:

- *Innovation:* UHICS applies university expertise to real-world healthcare challenges, aligning with its goal to drive health system innovation. It models opportunities for innovation across complex, changing contexts and 'place-based' settings, such as, but not exclusive to, integrated health and social care services.
- *Transformation:* UHICS fosters partnerships and regional knowledge sharing to help transform health systems and enhance local care delivery. This enables the partnerships to maximise transformation at local levels, across the East of England Region, and beyond through understanding the art of the possible and effective knowledge transfer.
- *Continuous Improvement:* UHICS encourages shared learning / workforce development to improve cost-effectiveness and drive ongoing system improvements. It facilitates shared learning/resources/good practice, to support / enable better resourcing, cost-effectiveness, implementation of workforce/system level innovation etc.

"[I think that] the partnership will fully deliver on this [continuous improvement] as stakeholders are engaged with workforce initiatives to ensure sustained improvement." Stakeholder respondent

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- *Culture:* Despite challenges, UHICS promotes the integration of innovation into healthcare culture, supporting lasting change in line with ambitions and goals. It contributes to an integrated transformational culture which supports the adoption of innovation/projects/initiatives at the local system, across East of England Regional Integrated Care Systems, and beyond.

As well as the above, responding positively to barriers and taking advantage of enablers will be vital in ensuring the long-term success of UHICS. In terms of these enablers of and barriers to success, the following table captures some of these as identified by stakeholders.

Enablers of Success	Barriers to Success
• Relationship with ICS seen as a key enabler. • Shared system-wide goals are important. • Buy-in from all stakeholders across the regional system. • Working towards agreed aims • Collaboration - academics and clinical researchers working more closely. • Relationships are increasingly underpinned by transparency, open dialogue and trust	• Tension between system and organisational goals. • Lack of ongoing funding and support for the longevity of the investment • Buy-in from regional partners across the system. • Social context with regional and national changes impacting the ability of stakeholders to engage. • IT infrastructure • Streamlining processes across partnerships

Summary

The UHICS's aims and ambitions clearly align with the goals of UK Health Anchor Institutions (HAIs). Its focus on research, innovation, and digital transformation through dedicated hubs supports HAIs' ambition for systemic change to improve health outcomes. Stakeholders emphasised UHICS's role in fostering system-wide collaboration, recognising its efforts to sustain partnerships and address cultural readiness for integrated working, even as trust-building remains an ongoing challenge. A lot of time has been spent building and embedding effective working relationships across the system, which has been evidenced in the great attendance at partnership events from multiple organisations (e.g. over 400 NHS colleagues attended the second anniversary of the HWEICB on site for a day).

The emphasis on research-informed initiatives and the integration of technology further anchors objectives to drive service innovation and improve efficiency across health and care systems. Additionally, UHICS is advancing capacity building and workforce development through its Workforce and Skills Transformation Hub, addressing the shared priority of strengthening local health and care workforces. Whilst stakeholders acknowledged the strength of UHICS's governance framework, they also highlighted the need for continued investment to sustain progress, reflecting a broader challenge faced by HAIs. Importantly, UHICS's model is considered adaptable and scalable to other higher education institutions, offering the potential to expand its impact and contribute more widely to the goals of the Health Anchor network.

The efforts so far, aligned to local health priorities, will contribute to intended impacts such as sustainable system transformation, improving healthcare delivery and better community health outcomes. These should create a robust and sustainable healthcare system that not only develops a highly skilled and ready workforce but also leads in research, digital innovation, and collaboration. In addition, the focus on education, research, and digital transformation will improve service delivery, student experience, and local economic growth, whilst fostering long-term system-wide collaboration for future healthcare improvements.

Case study: Social Value Calculator

The *Social Value Calculator (SVC)* has been developed over the past 12 months, in consultation with Hertfordshire and West Essex VCFSE alliance to identify sector-specific programmes, services, outcomes, and social value metrics. The ambition is that the SVC will be adopted across HWE Health & Social Care and VCFSE sectors, enabling a unified approach to social impact measurement and management. In addition, it aims to become an integral part of social impact assessment and management and supports the creation and adoption of sustainable service models by enabling the VCFSE to easily evidence impact to commissioners for recurrent funding.

This is a fantastic tool which will make a huge difference to the voluntary and community sector and really help us articulate our value in a way that can speak to a much wider audience.
Healthwatch Essex

A culture of ongoing collaboration, updates, and improvements should keep the SVC aligned with evolving sector needs and technological advancements. In establishing a baseline for measuring success, a logic model has been developed which draws from the UHICS's ToC and will contribute to the overall aims and intended outcomes. The logic model can be found in the Appendices and is summarised below in terms of its key components re: a pathway to impact.

Activities: • Determine priorities and outcomes through stakeholder engagement and surveys. • Create standardised metrics and indicators for social value measurement • Design and build a web-based SVC tool with a user-friendly interface and establish data security and privacy protocols	*Outputs:* • Automated reporting templates and visualisation capabilities • User documentation and training materials • Integrated feedback mechanisms for continuous improvement • API connections to databases and resources • Database of standardised social value indicators /proxies
Immediate outcomes: • Increased capability of VCFSE to measure social impact • Standardised approach to SROI calculations • Improved data collection practices for social impact measurement • Time savings in social value reporting for VCFSE organisations • Enhanced understanding of SROI methodology among users	*Longer-term Outcomes:* • More sustainable funding for high-impact social programs • Better social outcomes for beneficiaries and communities • Evidence-based policy development for social issues • Increased community resilience and local support systems • Cultural shift toward valuing social outcomes alongside financial returns

Next steps

The SVC is currently undergoing checks and tests (including gathering the views of potential users), with a view to a 'soft launch' of the tool in May or June 2025. An evaluation framework will be developed alongside the tool, which will enable the capture of user data, reviews, support refinement and enable further development based on feedback and statistics.

VI. University of Suffolk

The University of Suffolk (UOS) works closely with the Suffolk and North East Essex Integrated Care System (SNEEICS) which operated from 2018 and was enshrined in statute in 2022 through the establishment of the SNEE Partnership (SNEEICP) and the SNEE Integrated Care Board (SNEEICB). SNEE comprises a fast-growing population of around 1.1 million people living across a mixed of urban, rural and coastal area. Priorities for SNEEICS have been articulated in their Future Shift strategy which takes a collaborative, data driven approach to integrating services and refocusing on neighbourhood-based prevention strategies to reduce ill health and health inequalities[44].

The Health Education England (HEE) legacy funding for supporting Integrated Care Systems and associated workforce developments at the UoS contributed to three initiatives, based on the UOS role as a health anchor within the local health and care system. The three initiatives were: the UOS Integrated Care Academy; The Place, Great Yarmouth, and the interrelated University of Suffolk Dental Community Interest Company *(Suffolk Dental CIC)*. The funding complemented and underpinned other university capital and operational investment into these initiatives.

Context

The HEE Legacy funding was targeted towards addressing the following key challenges and issues:

- *Unmet Patient Needs:* Significant gaps in care, particularly in NHS dental services.
- *Systemic Workforce Issues:* Area related workforce shortages, recruitment and retention challenges, underinvestment, and outdated infrastructure, especially affecting allied health professionals (AHPs), nursing, midwifery, and public health sectors[45].
- *Regional Disparities:* Notable inequalities in rural and coastal populations.
- *Adapting to Reform:* Navigating ongoing systemic reforms and a constantly evolving healthcare landscape.
- *Cultural Readiness:* Addressing organizational and workforce readiness for change, particularly a move towards prevention and integrated care and work outside hospitals.
- *Innovation:* Developing solutions that are both scalable and sustainable.
- *Strategic Alignment:* Ensuring workforce alignment with the SNEEICS Future Shift Strategy.

Following discussions between the UOS Vice Chancellors Office and the SNEEICB leadership, the Health Education England legacy funding was used to support three relevant initiatives hosted by UOS. All of the projects also received significant additional funding from other sources[46].

- *The Suffolk Dental CIC and associated University of Suffolk Centre for Dental Development (Suffolk CDD)* provides a unique combination of innovative oral health care, clinical delivery and oral health workforce development aimed better at addressing the needs of local

[44] https://www.sneeics.org.uk/integrated-care-strategy/future-shift/
[45] Workforce issues appear to be more prevalent in rural/coastal communities. Sir Professor Chris Witty report - Chief Medical Officer's annual report 2021: health in coastal communities - GOV.UK
[46] This is based on information provided by the UOS. The HEE legacy funding has been identified but information on other sources of funding have not been provided for commercial reasons.

people. This initiative was established in October 2022 in collaboration with SNEEICB. The funding contribution from the HEE legacy funding was £1.4m.

- *Integrated Care Academy* - provides a vehicle to further enable integrated care through key enablers of co-production, leadership development, workforce development, research and innovation. It is a collaboration of the UOS, the SNEEICS, Local Authorities, and The Voluntary, Community and Social Enterprise Sectors. The funding contribution from the HEE legacy funding was £0.5m.
- *The Place, Great Yarmouth* - an initiative for a 'one stop shop' for increasing educational aspiration in an area of low employability, skills and knowledge, inter-generational unemployment, and which faces particular challenges associated with coastal communities. Services provided by Norfolk County Council, and further education and higher education will be in one town centre building, accessible to local communities, and meeting the needs of employers in the region. This initiative is being developed in partnership with Norfolk and Waveney Integrated Care System (N&WICS). The contribution from the HEE legacy funding was £1.1m towards estimates of overall funding of £18m.

The first two initiatives were considered to contribute directly to the then nascent Future Shift strategy of SNEEICS.

Goals and Ambitions

The overall vision for using the funding was to[47]:

- Increase educational aspiration
- Understand what people and communities need and how best to enable integrated care, equipping and training the health and social care system workforce to deliver the best integrated care and overall develop new networks, training, best practice and evidence for people who support, provide and drive integrated care.

"One of the whole reasons, the University of Suffolk exists is to raise educational aspiration in Suffolk" - Stakeholder Interview

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There are no separate governance structures for UOS as a health anchor; rather the funding has been used to support initiatives which are embedded within existing governance arrangements across the University. The Integrated Care Academy is hosted by the UOS and is run as a partnership with between the UOS, the SNEEICS, Suffolk County Council, Healthwatch Suffolk and other VCSE representatives[48]. The Place, Great Yarmouth (a campus, satellite site of the university), is part of the School of Nursing, Midwifery and Public Health and is a partnership with East Coast College[49]. Suffolk Dental CIC is a Community Interest Company and is a wholly owned subsidiary of UOS; it has an independent Board and governance structure and reports

[47] Extracted from the stakeholder survey
[48] https://integratedcareacademy.org.uk/about/about-us/
[49] https://www.uos.ac.uk/life-at-suffolk/your-campus/partner-colleges/the-place-university-centre/

into the UOS Board[50]. The Suffolk CDD is part of the School of Allied Health Sciences. The UOS Dental CIC and the Suffolk CDD are co-located in the same building. Local evaluations are planned for the Integrated Care Academy and the Suffolk Dental CIC. In addition, a Theory of Change (TOC) has been developed which sets out how UOS deployed its resources to deliver improvements in outcomes and impact; the TOC is presented in the Appendices.

Emerging Themes

It is too early to assess whether any of the three initiatives have achieved their goals, however, there are a number of emerging themes:

- *All three initiatives are improvement innovation projects*. The Integrated Care Academy and The Place, Great Yarmouth might have been able to access alternative funding, but HEE legacy funding really helped to de-risk the plans for improving access to dental care. The approach taken by UoS has been to use the funding to de-risk those innovation projects that had the potential to make important contributions to the achievement of ICS goals.

[Without the overall investment, the] "Dental CIC would not exist..... That's how big [important] that project and the capital [were]" (Stakeholder Interview).

- *There is potential for all three initiatives to be self-sustaining however there will be challenges related to constraints on both University and ICB funding***.** The University of Suffolk is a relatively young and small university and faces general challenges maintaining student numbers, which means sustaining partnerships for out-reach teaching and training facilities such as The Place, Great Yarmouth will be challenging. That said, The Place is a replicable model and is being considered for spread and adoption. SNEEICB has been required to reduce its operational costs and associated workforce substantially, and further reductions are expected in the coming months. However, whilst there are funding challenges which affect all sectors at the moment - there is an opportunity to do things differently through reform and innovation. The Local Councils are all impacted by plans included in the Devolution White Paper[51].

"Kings Lynn and Norfolk County Council [are] thinking about using what happens at Yarmouth and maybe replicating it there for the good of the North West coast" (Stakeholder Interview).

- *The use of existing governance structures* has been prudent given the University's existing infrastructure.

[50] https://suffolkdentalcic.co.uk/access-the-service/
[51] https://www.gov.uk/government/collections/local-government-reorganisation-policy-and-programme-updates

- *The agility and flexibility* of a relatively young and small University.

"We are more flexible, and we can move, you know, quicker than some of the much bigger, older established organisations as well" (Stakeholder Interview)

- *Strong partner relationships at all levels*. Stakeholders consistently referenced that a strong relationship between the UOS and SNEEICS had been pivotal to these schemes getting off the ground.

"Suffolk and North East Essex Integrated Care Board integrated care system works really collaboratively and genuinely see the university as a partner and we are talking at my level to different levels of people in these organisations, so that's a real positive. You know, I can pick up the phone to the Chief executive of the Integrated Care Board. He will know my name and he will know what I might want to talk about." (Stakeholder Interview)

Summary of the partnership

Overall, the approach taken by the UOS and its partner ICSs has been to use the HEE legacy funding to secure three initiatives which were each designed to address challenges facing the ICSs specifically in relation to improving population health and developing the workforce. The role of the University of Suffolk as a CIVIC University and a close partner, particularly of SNEEICS has been pivotal in ensuring that the funding was targeted towards significant projects that were seen by all organisations to have the potential to make a local impact.

Case Study: Suffolk Dental CIC and Suffolk School for Dental Development

Context

SNEEICS is facing serious national challenges (exacerbated in rural/coastal communities) relating to NHS dental care for its population[52]. These include:

Access

- 31% of residents being unable to secure appointments between 2021 and 2023, 9% above the national average. Dental access rates in Suffolk and North East Essex range between 22.1% and 45.5%, significantly lower than neighbouring regions;
- emergency services under strain, with rising calls to NHS 111 and GPs for urgent dental care;
- a significant reduction in dental activity. By 2023 with treatment levels had reduced by 45% in Suffolk and 66% in North East Essex compared with 2020; and geographic barriers and the shift of practices to private-only services, leaving many residents without NHS dental options.

[52] SNEE Provision of Dentistry Service Specification, 2023.

Inequalities

- asylum seekers, refugees, and individuals experiencing homelessness face significant barriers to accessing dental care - demonstrating the link between deprivation and poor oral health.
- 43% of Looked After Children are unable to register with or access dental services;
- care homes across Suffolk and North East Essex reports a lack of proactive dental care, with services typically limited to addressing severe pain rather than preventive care;
- hospital admission rates for dental varies among children aged 0-5 are higher in Suffolk and Colchester compared to their closest regional counterparts;
- younger adults aged 18-24 and individuals aged 35-44 in Suffolk and North East Essex report lower success rates in securing dental appointments.

Workforce

- the current contract re: NHS dentistry doesn't support the utilisation of the entire dental team and associated team-based care;
- historically, roles have not been used to their full scope of practice as the current national contract doesn't incentivise prevention, therefore training has not been targeted on developing new roles such as dental therapists and dental hygienists;
- Suffolk and North East Essex are underserved for NHS dentistry staff generally (reflecting national trends which are even more pronounced in rural/coastal communities);
- a paucity of practices willing to host clinical placements;
- The self-employed model and NHS contract is seen as ineffective and creates perverse incentives that do not support improved oral health outcomes.
- The current contract does not reflect the entire patient pathway, supported by a multi-disciplinary model including dental therapists, dental hygienists, and dental nurses.

Improving oral health and access to dental services is an important component of the wider SNEEICS Oral Health Strategy[53].

The initiative

The Suffolk Dental CIC and the Suffolk Centre for Dental Development initiative was developed in direct response to these challenges. In 2022 the Suffolk Dental CIC was set up as a subsidiary of the University, to provide innovative NHS dental services (prevention, treatment and care) and is now under an NHS only contract with SNEE ICB, utilising employed dentists and related dental staff (and the use of other employed GDC registrants - dental therapists and dental nurses and oral health educators); and to provide a high quality and attractive venue for clinical placements for students of dental therapy and hygiene.

Appointments are directly bookable via telephone, the website or via NHS 111. Contractually, this is a universal offer but there is a focus on prevention and also prioritising vulnerable populations with otherwise poor access to NHS dentistry. The Dental CIC links with 18 dental practices across

[53] https://www.sneeics.org.uk/live-well/be-well/oral-health/

SNEE serving as a spoke to a hub and-spoke model. The Suffolk Centre for Dental Development was established in parallel as part of the School of Allied Health Sciences to provide degree level teaching in dental therapy and hygiene including academic teaching and clinical placements both within the Suffolk Dental CIC and other practices across the area.

Goals and Ambitions

The combined goals of the Suffolk Dental CIC and the Suffolk Centre for Dental Development are to[54]:

- Improve oral health outcomes, access, and experiences of local people and communities (reducing health inequalities); delivering innovative and industry-leading oral health care; supporting cutting edge education and training; with a multi-skilled dental team fit for the future.
- Enable career development and progression for local dental staff, including dental nurses, dental hygienists, dental therapists and dentists to attract, recruit and retain staff locally.
- Develop new workforce models through multi-disciplinary working, to support new models of care that expand service delivery efficiently and effectively.
- Using its social enterprise status to drive social impact and value

The Suffolk Dental CIC has been delivering services since 2024 with the official opening on March 4th, 2025. Teaching for the first-year cohort of students commenced in February 2024 with a second cohort in September 2025. Although still in its relative infancy, the model has attracted a lot of regional and national interest as a model for addressing dental workforce and service challenges, reducing inequalities, improving access to NHS dental care, and promoting prevention. Presentations have been made at various forums to showcase the programme's potential for scalability. As part of the evaluation process, a Theory of Change (TOC) has been developed to support the two dental initiatives; the TOC is presented in the Appendices.

Emerging Themes

Again, it is too early to assess whether the dental initiatives will achieve their goals, however, there are a number of emerging themes:

- *The importance of a strong partner relationship:* The relationship between UOS and SNEEICB has been strong from the start; the concept of the dental initiative came out of a very strong prior working relationship between UOS and SNEEICB leadership.
- *The ability to use the HEE legacy funding to reduce the innovation risk:* The funding provided an important contribution to the capital costs of the investment and enabled the UOS to take the risk and put in place the foundations to enable them to bid for the SNEEICB Dental contract.
- *Alignment of interests and goals:* SNEEICS was very concerned about the lack of population access to dental care, oral health inequalities, and workforce shortages. The UoS was keen to establish a dental portfolio as part of its wider role of training and educating health professionals and to support the aims of an anchor institute. Under the

[54] Suffolk Dental CIC and Suffolk Centre for Dental Development Theory of Change (see the Appendices).

current NHS England placement tariffs, dental therapists attract a much lower placement funding than dental students and yet require a similar level of supervision whilst on placement. This makes it more challenging to find placements for dental therapists.)

"The university clearly had that appetite to take a take a leap, and they had the senior leadership capabilities to forge those really important relationships". "There is something there about the relationship with the NHS and the university, both being anchor institutes and the level of trust that exists between the two because you wouldn't do that from a usual base". "It does feel sometimes just like the stars align, doesn't it? The right people are in the right places at the right time." - Stakeholder interview

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- *The freedom to try new resourcing solutions and new models of service delivery*: Employing a salaried dental workforce, and deploying multi-disciplinary teams, enables dental therapists and other dental professionals to work to the full scope of their practice and dentists to focus on providing the services only they can deliver. A focus on prevention also enabled early detection, diagnosis and treatment (where necessary) and initiatives such as mouth cancer awareness.
- *The freedom to explore payment model innovation:* The Suffolk Dental CIC is contracted on the basis of delivering sessions rather than treatment/activity-based payments.

"So, unlike an existing GDS contract where ... they're paid by effectively units of dental activity and fee per item, [the CIC is] having to deliver a professional activity with an emphasis on improving oral health ... and also prevention as part of that". "The advantage of that is that they are allowed to spend more time with patients, and they're allowed to see patients more often to actually get that oral health stabilisation. Which is massively important to really help patients get better oral health and ultimately the social impact that that has that treatment has for those people you know, getting back into work." - Stakeholder interview

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- *Communications and relationships facilitated by co-location of the school and the CIC:* this makes it easier to foster relationships e.g. to contact the practitioner
- *The natural alignment of local service and local training:* Although prioritising local course recruitment is not allowed, the course attracts many candidates, with 47% of those currently on the course come from the East of England. The course is also many times over-subscribed.
- *Potential for spread and adoption:* through better collaboration between the NHS and higher education, and across higher education establishments.
- *The initial resistance to change:* It is clear from discussions that despite agreement between the SNEEICB and the UOS, there were initially strong barriers to innovation.

"We then came across all of the red tape challenges and barriers that you can imagine, with XXX saying you can't do this, you can't go against the contract, you can't set a precedent for the rest of the country" - Stakeholder interview

- *The challenge of ensuring sufficient capacity for patient delivery*: this is a key mechanism for the success of the Dental CIC but there have been combinational challenges of staffing and recruitment, the need to support student placements, for example:
    - *Scaling the model and academic recruitment*

We can't grow the course at the moment because we need to a develop the academic workforce, which is ramping up each year on a new course". "You get more students, you are allowed to buy in more staff, but also we need to develop the placement capacity because we can't rely on the CIC". "It's very difficult to recruit clinicians into academia. The salaries now are no longer higher …so it's very difficult to attract people". "For dental hygiene, dental therapy that's even more challenging because a lot of them earn really quite well in private practice". "When clinicians come to teach, they feel quite disoriented to go into academia [as a result] we see attrition of academic staff". (Stakeholder Interview).

    - *Recruiting and retaining* the clinical workforce for service delivery

"So, we knew that coming into this to get an immediate workforce to support delivery and can [supervise] students was always going to be challenging because you're effectively poaching from what is within an existing system that's already short with a view to then looking at the medium and longer term, which is to grow that workforce. So, the short term is and has been slightly more painful". (Stakeholder Interview)

    - *Volume of placements* – With hindsight, stakeholders reported that it would have been better to establish the CIC first and then start recruiting students to the school rather than the other way around.

"we are effectively supporting the whole of the workforce development for SNEE. that's a lot of students". "It may take an hour when you have a student in a room and it may take 20 minutes for a dentist to do the same, the same work. So that is a challenge." "[it] is challenging for the clinicians there and challenging for the patients if they have too many people in the room". ".we have to obviously be also working with the wider integrated care system to increase placement capacity" (Stakeholder interviews)

- *Non-traditional service delivery contract and associated tensions:* Whilst there is strong support across all partners for the dental initiatives, it is a challenge to run a contract which is an outlier to normal practice. This highlights the message that there is a need to shift away from traditional activity metrics and more towards outcomes.

"Whilst it's about improving someone's oral health, the other hat that we have is that we're a social enterprise. So how do we then demonstrate that Community impact". "It's a balancing act between … delivering a new innovative contract, but actually there are still .old ways of wanting to measure [performance]" - Stakeholder interview

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- *KPI reporting and Data reporting:* There have been teething problems in understanding what metrics would best report the value of what is being delivered. Setting up the data collection, analytics and reporting function has also been challenging which reflects this being the first of its kind. These issues are, however, seen as a shared problem between the Dental CIC and the ICB, with on-going joint efforts to secure a resolution and capture better outcomes

Summary of the initiative

The HEE legacy funding has been used to support the development of the dental initiatives has enabled a unique intervention that combines service delivery, and training with the ambition to address a significant health issue. The dental initiative has the potential to become a high value example of the benefits of collaboration between the university sector and the NHS to initiate innovation, education and training, workforce development and evidence generation. The contract for the Dental CIC is for 5 years, and it will be important to monitor and evaluate its progress, achievements and impact along with the Suffolk Centre for Dental Development. It has the potential to become a replicable, scalable case study of good practice.

Section Six: Key messages with recommendations

This section provides a summary of the key messages arising from the evaluation before suggesting recommendations that should be considered to continue progress, improve delivery and move forward from a formative to a summative programme and evaluation stage.

Key messages

- EPIIC's approach demonstrates innovation and a drive for continuous improvement and models a collaboration with built-in resilience.
- EPIIC exemplifies a strong Anchor institution through its long-term commitment to local communities, with success measures aligned to improving well-being.
- It promotes collaborative leadership involving HEIs, ICSs, and partners across the East of England, with a clear focus on equity, diversity, and inclusion.
- EPIIC works closely with community leaders to understand needs and co-develop initiatives that enhance quality of life.
- Despite challenges, EPIIC has effectively navigated structural barriers and cultural differences, supported by a collaborative ethos. EPIIC itself is a key enabler, driving knowledge exchange, joint leadership, and inclusive dialogue, strengthened by a skilled and diverse team working toward a shared vision.
- A clear foundation and momentum has been created from which there is an opportunity to build on; to secure evidence and insights that can help inform change; and to establish new operating frameworks between HEI's and ICSs, not just nationally, but internationally.
- The ability to maximise knowledge exchange is enhanced through the partnership, as is the opportunity to expand theoretical and practical approaches for innovation uptake across complex systems.
- EPIIC, the HEIs, ICSs and partners collectively support a clear passage from research to impact. The partnership is marked by maturity, openness, and a collective commitment to shared outcomes.

Recommendations

The following six key recommendations should help to shape the next phase of EPIIC (and the linked evaluation) going forward, building on the experimental formative phase, which has offered a unique opportunity to forge a new, robust way of Health/HEI collaborative working, through:

1. There are opportunities for developing and refining the EPIIC model and tracking its impact longitudinally and summatively, crystalising and articulating why the model is a compelling offer.
2. Engage in a continuous review and refine cycle to determine which aspects of the model are working best as the delivery environment changes.
3. Model transferability/scaling by identifying which projects could be/are being replicated regionally, nationally and internationally.
4. Develop dissemination routes that match the high pace of change across integrated care system architecture and governmental reform agendas.

5. Continue to shape a shared approach and language going forward, which can help to break down barriers and impact on organisational cultures
6. EPIIC should work to respond to future challenges which will be faced across the East of England – these include:
    - Primary care and the new workforce and associated training and development needed as a focus for delivering the three shifts.
    - The need to move from siloed professional training in particular care settings.
    - The need for an updated curriculum combined with more out of hospital rotations and clinical placements to expand the generalist skills needed.
    - The need for innovation at scale – with fewer larger projects that could be implemented across the East of England population of 7m.
    - Providing guidance and practical steps to aligning research agendas with NHS service innovation priorities.

Next steps

In terms of things to think about moving forward, there are a number of relatively quick wins that could help to further solidify EPIIC and communicate its value and impact - these include:

- Further breakdown barriers by widening the EPIIC group to ensure involvement of the evolving ICSs and constituent ICBs and ICPs
- Better marketing / dissemination – blogs / website / papers etc. For example, through the recently launched EPIIC website and associated planned activities
- Modelling transferability / scaling by investigating if any of the individual HEI/partnership's projects could be replicated across other areas/HEIs/partnerships
- Reviewing the strengths, weaknesses, opportunities and threats and the three core objectives of EPIIC, which were identified as constituent part of the original terms of reference.
- Take the learning from year one to develop meaningful KPIs and related measurement data for year two and beyond.
- Build on the experimental phase of EPIIC to further develop the robust model of Health/HEI collaborative working, moving from a formative to a summative (programme and evaluation), which links *'what works'* to the changing landscape, delivering outcomes and impacts which can help to inform / influence funders and decision makers, and can make a difference, where it matters, on the ground.

Summary

A collaborative, safe space for knowledge exchange has emerged within EPIIC, though in its formative year, practical collaboration is still developing. There is growing interest in more direct partnerships, ranging from mutual project support to joint funding bids across the East of England region. However, the external context for this is rapidly changing and will present significant challenges for EPIIC. Funding pressures on universities, the abolition of NHSE, major staff reductions at various organisational levels, and looming local government reorganisation will all

require delicate navigation. These developments underscore the increasing importance of collaboration among the six HEIs.

In light of these shared challenges, there is a growing recognition that deeper partnerships are not only beneficial but necessary for sustaining health research and workforce development. This should reinforce the need to work ever closer across the East of England, in recognition that the whole (EPIIC) can be greater than the sum of its parts (the HEIs / ICSs etc.)

[The partnership] bring[s] together ICS and third sector partners to share best practice very effectively. They use this insight to connect with relevant researchers within the [university] to ensure effective knowledge mobilisation - HEI Professional

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EPIIC serves as a strong exemplar of an evolving model of anchor institution, within a changing political landscape of integrating health and social care, in action. It's ability to combine place-based commitment, inclusive economic contribution, collaborative leadership, and community-informed impact demonstrates how health and education sectors can come together to build healthier, more equitable, and more resilient communities. The work offers a valuable blueprint for others seeking to understand what good anchor practice, as enabling effective collaboration that promotes innovation uptake, looks like in real-world settings.

- There is measurable evidence that EPIIC demonstrates the critical elements of a good practice Anchor[55] and is built on effective, added value and sustainable multi-agency collaboration.
- The capacity to maximise knowledge exchange is enhanced through this collaboration, as is the opportunity to expand theoretical and practical approaches fostering innovation uptake in an increasingly complex delivery environment.
- EPIIC, the HEIs, ICSs and partners collectively are demonstrating a clear passage from research to impact.

[Impact is not] just quantitative data, but human factor data as well, because evidence of transformational change can come from multiple sources. … multiple system level data at the individual at team, at organisation, at system levels, and what we're trying to do is map where all the activity [is] happening and what the ripple effect is throughout the system - ICS stakeholder

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[55] As captured in the Health Foundation's guidance - https://www.health.org.uk/features-and-opinion/features/the-nhs-as-an-anchor-institution

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