NIHR Collaborative Leadership in Applied Health Research and Care for South Yorkshire: Engagement with the NHS and Social Care Services

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Aims of presentation:

1. Give a brief overview of the CLAHRC SY model
2. Give a brief overview of the ScHARR lead CLAHRC SY activity
3. Provide evidence of engagement with the NHS and social services.
4. Describe how CLAHRC principles facilitate engagement
5. Suggest reasons why CLAHRC is a successful collaboration with the NHS and Social Care services.
Engagement across South Yorkshire
“representative and challenging”

1559 sq km, 1.8 million people, 1 million economically active (of which 100k in the public sector). Average wage 87% of national average; above average prevalence CHD, COPD, diabetes, obesity (QOF data and HSE)
Themes lead by ScHARR

- Obesity
- Inequalities in Health
- Tele health and Telecare
- Stroke
- Chronic depression
Evidence of engagement.

- Long term depression - IQUESTS project with strong user input into NHS service redesign
- Stroke work - research and innovation work across the care pathway. Strong links to the North Trent Stroke Project Strategy Board
- TaCT - Special Interest group for tele health (SIG) PCT and Social Services
- Obesity - cohort with nested studies, collaborative scoping of needs with obesity commissioning leads for 4 PCTs
- Inequalities in Health - identifying areas of work through consensus which reflect the public health priorities of NHS and academic partners.
Facilitating engagement through the CLAHRC Core Principles: 
"more than the sum of the parts"

▲ Build collaborations through co-production
▲ Address health inequalities
▲ Build capacity across SY
▲ Enable joint engagement in and ownership of CLAHRC by our partners
Working together to share knowledge.

- CLAHRC learning events
- Disseminating findings/looking for impact two way street
- Business and innovation network (B in R&D)
  - Potential joint projects to support sustainability, Regional Innovation Funds, SDO.
• It is recognised that the economic climate going forward will be difficult and more challenging than recent experience. The SHA required all PCTs to set out the work they plan to undertake to meet this financial challenge within the framework of Quality, Innovation, Productivity and Prevention (QIPP).

• [Website Link](http://www.calderdale.nhs.uk/.../11.3_-_Medium_Term_Financial_Plan___QIPP_Plan)
Successful Engagement

• Match funding model
  • Lomas J. 2007. BMJ

• Implementation
  • Cooksey Review 2008

• Joint strategic objectives
  • SHA QIPP, NHS Health Ambitions

• Core principles
  • co-production, engagement, building capacity.

• Distributed model of Leadership
  • NHS/Academic, theme leads ‘boundary spanners’

• Integrated model of delivery.
  • Project managers NHS/academic
  • Facilitators NHS/academic

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“The mere knowledge of a fact is pale; but when you come to realize a fact, it takes on color. It is all the difference of hearing of a man being stabbed to the heart, and seeing it done.”
Mark Twain, A Connecticut Yankee, 1889

The ultimate aim of people engaged in health research is to get the health service’s workforce, its employers, and its suppliers to have knowledge of facts (as represented by research results) and to use these facts in their practices, policies, and products. How well organised is research to achieve this aim? And how receptive and oriented are health services to this aim? The answers seem to be “not well organised” and “not very receptive.” The interpersonal connections needed to bridge this know-do gap are not yet in place.

An emerging role therefore exists for knowledge brokers, supported by knowledge brokering resources and agencies, to fill the gap.

Disconnection between research and health services worlds

The old adage “form follows function” is poorly reflected in the production and use of health research. The research world favours grant acquisition and academic publication over knowledge synthesis and engagement with the health service. Researcher to researcher communication about the next study (“more research is needed”) is well organised and all too common; researcher to practitioner dialogue about implementing findings (“actionable messages”) is poorly organised and all too rare.
"don't just weather the storm;
learn to dance in the rain!

http://www.clahrc-sy.nihr.ac.uk